

There is hardly any necessity for medication, unless incidental derangements demand therapeutic interference. The local treatment suffices to check and ameliorate the articular disease; time and patience accomplish the rest. Beyond those local remedies I have mentioned, nothing else is required at this juncture. From painting the articulation with tincture of iodine, I have seen no benefit; and fly blisters interfere with the fixture of the joint, cause a needless irritation to the patient, and sometimes give rise to reflexed muscular contraction, as I have seen.

IN THE SECOND STAGE the indications of treatment become more diversified. The pathological character of this period is expressed by structural invasions of a more decided nature; by more copious infiltrations and effusion within the joint; by reflexed pain, muscular spasm and consequent malposition; and, in fine, reactive disturbances of the constitution.

If the patient has been properly attended to at the first stage, the disease will but rarely advance to the second, and if the local affection was of a nature that could not be checked in its advance by due precaution, the second stage will be at least materially mitigated by the previous treatment.

Assuming, however, that the patient comes under your charge with the full pathological and clinical force of the second stage, the same remedies and appliances commend themselves, for *rest* and *position* are their imperative axioms whilst the disease is in active progress. In this stage the antiphlogistic treatment is resorted to in vain, as long as rest and position of the joint are disregarded, and the limb permitted to bend, rotate, or assume any prejudicial posture. Nay more, the antiphlogistic remedies even fail to give the slightest relief or to alleviate one single symptom; my own personal observation has decided this fact conclusively, and I do not entertain the slightest doubt that other surgeons have met with the same negative results. But in securing rest and position to the affected articulation, we almost instantaneously give relief to our patient, and initiate progressive improvements. Having done this it rests with you whether you deem local depletion and the application of ice or narcotic fomentation additionally necessary. I have but rarely and I may say but exceptionally needed them, although I mean not to deny the fact that the distended capillaries may temporarily and usefully be depleted by leeches, wet cups and scarifications; the effect of which you have, however, to render permanent, by means of which I shall soon speak.

If the affected member has already been placed in malposition, you have promptly to reduce the same to insure articular rest. This should be done under the full influence of anæsthetics. I consider chloroform better than ether, and equally safe. If I stated the number of chloroform