

sue the even tenor of our way." It is true there may remain adhesions, and possibly other consequences, but we do not fear that life will be imperiled thereby.

The peritoneum, the membranes of the brain, and the pericardium, when attacked by inflammation, are rendered so very dangerous more on account of the impossibility of securing rest than from any other cause. In the case of the peritoneum, you have the peristaltic motions of the intestines to contend with. In the case of the membranes of the brain, the movements of the convolutions; and in the pericardium, those of the heart. Could you obtain the same state of quietude in these inflammations that is possible in synovitis, the mortality would, I have no doubt, be far less. The oldest of you will remember with what pertinacity the celebrated Dr. Clarke of New York labored to convince the profession of the value of large doses of opium in peritonitis, and, if you had the pleasure of listening to his lectures, how eloquent he would get upon the subject. Now, that *that* drug will, as nearly as any other remedy, fulfill the indication of rest to the intestines, I think no one who has tried it will deny; but that it is possible always to secure that perfect control over the movements of the bowels and, for a sufficient length of time, that is so essential to recovery, I do not believe. If it possessed that power of complete and prolonged control, you would have far less reason to complain of the proportion of your cures. Who has not felt the temptation to open the bowels in these cases almost irresistible? Let us rather assist the "*vis medicatrix naturæ*" in its grasp of them, until such time arrives as they may be safely opened. Of course, it is idle to talk of arresting, or suspending, the movements of the heart and brain at any time.

The first case of which I propose to speak occurred in February, 1873, and was in the person of a boy about sixteen years of age, of healthy appearance himself, as well as his parents. He had been preparing wood for sugar making, and accidentally struck his knee with the axe, inflicting a wound about an inch in length upon the upper and outer border of the patella, and exposing the joint to that extent. He did not stop using the injured limb until an active inflammation set in, when my services were asked. Upon visiting him, I found all the

symptoms of inflammation well marked, and the limb placed in the usual position, with a view of lessening pain. I at once gave him alterative doses of grey powders with Dover, and cold applications were placed upon the affected joint. After the more acute symptoms had subsided, I gave him iodide of potassium, with compound tincture of gentian, and painted the knee with tincture of iodine. At this time, I was also able to place a well-adjusted splint upon the posterior portion of the limb, in such a manner as to secure perfect rest of the joint, with the limb straightened. But few days passed before the presence of pus in the cavity of the joint was evident, but as the opening made by the axe still existed, I did not interfere. At this juncture a somewhat amusing incident occurred, which is worth relating. When I reached the house, the father of the young patient came out to meet me, and after a few preliminaries, announced the fact that he had sent for one of those gentlemen for a consultation who possess the power of curing all sorts of ills by a certain kind of charmed stick. Of course, I told him that I could not consent to the arrangement, but, if he chose, would give the patient up to him, or any person else. This did not seem exactly to suit the father, and I consented to see the patient. I found him, as before stated, with the joint well filled with pus, and my learned friend looking intensely wise over the case. After making various comments (one of which was most emphatically that there was no "matter" in the joint) he retired. This furnished a favorable opportunity of "shewing up" my friend. I turned the boy over upon his belly, when a large amount of pus escaped from the opening. Then "the tables were turned" against the man of the sticks, and I went on, from this time till the end, unmolested. The remainder of the treatment consisted principally in keeping the limb in the position forced by the splint, and doing for him whatever constitutionally he might require. The joint filled at least a half dozen times with pus, but was as often emptied by turning him over, as before described. The patient was kept in bed with the splint securely fastened to the leg till all appearances of disease had left, when he was allowed to use it cautiously. He has to-day as valuable a limb as he ever had.

The second case occurred in the month of