

to wait for a line of demarkation, and then to amputate. One case of amputation of the legs is reported followed by recovery.

*Affections of the Joints.*—During the course of typhoid there may occur a rheumatic, septic, or pure typhoid, arthritis. As a rule more than one joint is affected, but in the monarticular variety, the hip is most frequently and seriously involved. While the rheumatic and septic forms of arthritis not infrequently terminate fatally, the pure typhoid joints practically always recover, and ankylosis is very rare.

The distension and destruction of the joint may end in dislocation. I have recently had under my care in the Montreal General Hospital, a young girl, brought in from the country, in whom this serious complication had occurred. The physician who brought her, a most able and careful man, told me that she had lived in a poor, damp house, many miles from his residence, and that he had not been able to secure any nursing other than that supplied by kindly-disposed neighbours. On admission to the hospital she was thoroughly crippled, both hips and both knees had been involved, and the right hip was dislocated on to the dorsum ilii. Most extensive bed-sores, laying bare each hip, and nearly the whole of the sacrum, were almost healed over. The right knee lay fixed across the lower end of the left thigh, and the two legs were flexed upon the thighs. By means of apparatus of one kind or another, the legs were straightened, and when she left the hospital she could stand and walk a little. She was advised to spend some months in the country to recuperate, and then to return to the hospital. I have not seen her since. In this case it seems reasonable to suppose the arthritis to have been partly septic, although perhaps purely typhoid at the onset. The contraction deformities are probably reflex. A knowledge of the occasional occurrence of arthritis in typhoid, should lead the physician to examine from time to time the joints of the body, and particularly the hip joint, to take heed to complaints of pain in the neighborhood of joints, and to carefully relieve painful joints by position, the use of sandbags, and where indicated, to apply moderate extension. If effusion threatens to produce dislocation, the joint should be aspirated under the strictest antiseptic precautions, and if pus is found, which is seldom the case, the joint should be opened and treated according to the indications.

*Affections of the Bones.*—Keen has collected 205 cases of typhoid bone disease. Bone disease is a late sequel of typhoid, often appearing weeks or even months after the patient has left the hospital. The pain is not generally acute and patients frequently return to the hospital with a discharging bone sinus. These sinuses may have been discharging for months with every opportunity and probability of ordinary pyogenic infection, and yet the pus yields a pure culture of the typhoid bacillus.