

other ill-informed persons when confronted with a child with a tuberculous lesion. Would they expect a garden to grow out of its weeds or a field out of its thistles? No; it is a popular superstition, but, like most erroneous beliefs, it is founded on a substratum of truth. For, as a matter of fact, many patients do "grow out of" tuberculous disease, and, strange to say, sometimes most markedly so after a surgeon has made the clear pronouncement that without operation recovery is quite impossible. A boy, for instance, has chronic tuberculous and suppurative disease of his tarsus; he is albuminuric and very ill. His able young surgeon says that unless the foot is removed the boy will die. This, of course, is a very wise thing for any surgeon to say, for he cannot possibly know for certain exactly what is going to happen. But what *may* happen is this—the operation is declined; the child is put under the care of another practitioner who, though not so clever a surgeon, is, perhaps, older and a better man-of-the-world. By good luck rather than by good management the disease clears up, and in a couple of years' time the boy is walking about with scarcely a limp. "See that boy?" says the proud father. "Well, Dr. Omniscient wanted to cut off his foot, but his mother and I would not let him." According to the rules of the game the foot, of course, ought to have been amputated; but Nature does not always play according to the rules, as the young practitioner sometimes finds out to his cost. *Knowledge* is the prerogative of youth, but *wisdom* should come with years.

I am aware that I have wandered from that case of chronic hip-joint disease; I was instancing it merely to say that though the head of the thigh-bone and the socket in which it worked have been quietly destroyed by a growth of tuberculous granulation-tissue, so that the limb is greatly shortened, still it is now, years afterwards, solidly fixed and fairly serviceable. The skin has remained unbroken and the man (for he is a man now) has completely triumphed over his disease.

In connection with this little batch of reports I would like to make a few disconnected statements, chiefly from a clinical point of view:

1 Chronic inflammation of a joint in a child or young person is always tuberculous—except in those very rare cases in which it is due to hereditary syphilis or osteo-anthrithis.

2 Tuberculous inflammation may completely destroy a joint, and then leave it solidly and soundly synostosed, without the surrounding tissues or the skin having been implicated, as in *curies sicca*.

3 If tuberculous granulation-tissue breaks down into a fluid, that fluid is not *pus*, and the collection is not, properly speaking, an *abscess*—unless, by bad fortune or by worse surgery, it has become infected by septic micro-organisms.

4 The fluid collection is not to be treated as an abscess—by incision and drainage, that is—but is to be opened and emptied, and