fying to know that in Edinburgh, some who were the strongest opponents of the principle, are now amongst the warmest supporters. Great changes, like great bodies, move slowly, but under such circumstances, the practical results are all the more lasting. After Lister followed four Surgical magnates in quick succession, Sayre, Adams Vanburen, and Tufnell, embracing in their addresses, Coxalgia, Subcutaneous Division of the Neck of the Thigh Bone, and Aneurism. Of the various deductions set forth by Sayre, one especially, resulted in the most animated discussion, viz. "That Coxalgia is almost always of traumatic origin and not necessarily connected with a vitiated constitution." On this point there still exists considerable diversity of opinion. Professor Gross, almost the father of "American Surgery," considers the causes of coxalgia, the same as those which provoke strumous disease in other parts of the body, and divides it into three stages as Tuberculosis of the "Hip Joint." (Vol. II. p. 63.) Gross' Surgery. Again there are those, and at present the majority, who ignore the idea, that most cases of coxalgia are the result of constitutional disorder of which the articular affection is but the localized symptom. Bauer is decidedly opposed to the scrofulous origin of hip disease. Sayre states in his recent orthopedic Surgery (p. 233) "that in 365 cases, traumatic cause was assigned by the patient or parent in 257, while in 108 cases the cause was recorded as unknown."

To look upon hip joint disease, as purely a strumous condition, is not corroborated by clinical observation or pathological investigation. Bryant, of Guy's Hospital, in his recent surgery expresses this opinion. Holmes says, the disease occurs very frequently in strumous children, a circumstance which has led to its being considered strumous. Twenty years of hospital work in Ottawa city, have led me gradually, to the advanced pathological views of the present, as to the causation of coxalgia, not however without due respect to the master mind of Gross and those who still hold to his views. The paper of Mr. Adams of London, was well received by the section and his conclusions adopted unanimously.

The following is the most general, and embraces the pith of his subject. "That bones can be divided subcutaneously like tendons, and that the operation of completely dividing the neck of the thigh bone, by a small saw, introduced through a small subcutaneous puncture, is a well established surgical operation attended *with very little risk.*" The treatment of bony anchylosis of the hip joint with malposition of the limb, by subcutaneous division of the neck of the thigh bone, was first performed by Mr. Adams, at the Great Northern Hospital, in December, 1869. Dr. Rhea Barton, of Philadelphia, first operated in anchylosis of the hip joint, for the removal of the deformity and the establishment of a false joint. A crucial incision was made over the great trochanter, seven inches in length and five in the horizontal direction. The bone was then transversely divided, between the two trochanters, by a fine saw. The limb was at once restored to the natural direction, and useful motion, gradually obtained. In June 1862, Dr. Sayre removed a transverse section of the femur of an elliptical form, just above the trochanter minor, by a chain saw, having first made an incision of about six inches in length, over the trochanter major in the axis of the limb. The application of subcutaneous osteotomy, within the capsular ligament, in bony anchylosis of the hip joint, was a master stroke on the part of Mr. Adams, and already attended by practical results of no ordinary character. Bryant has twice seen Adams operate thus, and in his admirable text book, adverts to the facility with which it can be performed. Adams thus describes it. "*I entered* the tenotomy knife, "a little above the top of the great trochanter, and "carrying it straight down to the neck of the thigh "bone, divided the muscles, and opened the capsular ligament freely. Withdrawing the knife, I "carried the small saw along the track made, pursuing this by pressure of the fingers, straight "down to the bone, and sawed through it from "before backwards. No hemorrhage followed and "a good *recovery took place, with a stiff limb.*"

According to Adams, anchylosis of the "Hip Joint," may be true or false. The first only occurs after complete destruction of the joint and removal of the articular cartilages, and may result from strumous disease; traumatic inflammation; acute rheumatism gonorrhœal, or otherwise; or pyæmic inflammatory action. Operation in such cases, not admissible unless the limb is distorted. False Anchylosis, is divided into two varieties, 1st. Union of the articular cartilage and partial or complete destruction of the joint. 2nd. Inflam-