

poor shewing when compared with the third case, in which, as you see, the limb is perfect in every respect save for the scar of the operation wound. I operated on this third case some three years ago. At that time the boy had a tuberculous synovitis, which was just beginning to lead to the involvement of other tissues. The knee was swollen and presented all the symptoms of the first stage rapidly going on to the second stage. I advised operation, but when I had opened the joint I almost regretted having done so, as the disease was not nearly so advanced as at first supposed, and I feared that perhaps more conservative methods had not been given a sufficient trial. However I proceeded to remove all the diseased tissue with scissors and curette, following out carefully the usual details of the operation. The patient was kept on crutches for fifteen months after operation, so that in the event of any remnant of the disease having been left nature might make good the deficiency. And the result of that early operation has been, as you see, not only the preservation of life and limb, but the preservation of the joint. The function of the joint has been completely restored, and motion is perfect. Were it not for the cicatrix, there is nothing about the limb to suggest past disease or operative procedures. The boy walks and runs without a trace of a limp or stiffness. And yet the operation was an extreme one, involving the division of all the ligaments about the joint, including the ligamentum patellae.

I regard this case as a striking exemplification of the force of my contention that operation should be undertaken early, and for purposes of cure. Its testimony is silent, but nevertheless eloquent. I need say no more.

