

sented before operation, so that at the end of two months more the poor man was no nearer recovery than when he entered the hospital. For such a case there is but one alternative, amputation. A case where the operation was successful will appear in another paper, in which I mean to give a short account of a few selected cases where the great benefit to be derived from carbolic acid will be shewn. The immense advantage obtained by saving the foot, even with a stiff ankle, should always incline the surgeon to give this operation the benefit of any doubt that may exist, as to the chances of a recovery. The constitutional disturbance and consequent exhaustion is not so great in disease of this joint as in the hip or knee, so that an attempt to save the foot by excision, is in all cases justifiable, because if it is not successful the patient has sufficient strength to undergo amputation.

Disease of the shoulder joints is not so frequent as disease of joints of lower extremity, and when it does occur is more amenable to treatment, owing to the fact that perfect rest may be given to the joint, and at the same time the general health be maintained by out-door exercise.

The three following cases are interesting :

1. A London postman, aged 40, thin and delicate, was admitted with his right shoulder joint in the following condition : Very little power of motion, slight pain on attempting to rotate the arm, an opening on the inner side of the deltoid from which there was considerable discharge ; had performed his duties as postman, although his shoulder had been in that state some time.

The treatment pursued for upwards of two months was as follows :

The arm was bound firmly to the side ; every morning a solution of sulphurous acid was injected into the opening. He was allowed 2 pints of beer, 4 ozs. of brandy, plenty of meat, potatoes, bread and butter, etc., and a pint of beef tea or milk, as his diet for each day. Iron, cod liver oil and nitro-muriatic acid were giving in gradually increasing doses. Every fine day he was obliged to spend a couple of hours walking about the parks. After about a month of this treatment, the discharge began to assume a healthier character, gradually to diminish, and at the end of the second month he was sent into the country. There was a fair amount of movement from the clavicle, not the shoulder joint, and the Sinus had completely healed.

2. A strong, healthy little boy, about 8 years of age, sent up from the country for operation. Profuse discharge from an opening just below the shoulder

joint, and great pain on moving the arm. The shoulder joint was exposed by a single, vertical incision, the head of the humerus carefully dissected out and the diseased portion sawn off. The wound was plugged with lint soaked in carbolic acid, and the arm bound carefully to the side. The boy made a rapid recovery, and left the hospital within two months after the operation with a very useful arm.

3. A tall, powerful man, about 40 years of age, was admitted with acute rheumatism, from which he had suffered frequently before. When he became convalescent he drew attention to an opening on the inner side of the deltoid on the right side, from which there had been a discharge for some years, accompanied by slight pain on working the shoulder, which he had often to do, being a carpenter by trade. It was decided to excise the joint, which was done by transfixing and cutting a flap downwards from the deltoid, thus exposing the head of the humerus, which was found to be extensively diseased. The diseased bone was removed and the wound carefully brought together by sutures. For two or three days he did very well, when he had an attack of erysipelas, from which he in a few days recovered. From this time he, from no apparent cause, gradually became weaker and weaker, and at the end of the third week died. No doubt the hold that the rheumatic poison had taken upon his system, accelerated his death. I could relate other cases, but the above three represent the disease as occurring in individuals of entirely different constitutions, and the results speak for themselves. Of the many operations performed by eminent surgeons, which it has been my good fortune to witness, an amputation at the shoulder joint for malignant disease of the humerus, by Sir William Ferguson, could scarcely be equalled for coolness, style and ease in operating, the small amount of blood lost, and for the formation of flaps of exactly the right size.

Of disease of the elbow joint, cases every now and then presented themselves, occurring in persons of a decidedly scrofulous constitution, a diseased state of the lungs in many cases co-existing. When the disease has been removed by excising the joint, recovery with a useful arm depends more so than in any other joint upon the care taken in the after-treatment, about which there is a wide difference of opinion, some advocating the use of a splint for a time, others speaking as strongly against it ; some commencing movement of the arm daily from the time of operation, others insisting on perfect rest for several days. With regard to the use of a splint, much depends