

to be healed by bone, but rather by fibrous tissue, consequently as the patient's weight increases the deformity tends to become more marked.

*Hip.*—Tuberculous disease of the hip-joint is one of the most serious forms of tuberculosis. The commonest deformities which follow it are flexion and adduction, both of which produce apparent shortening of the limb and lameness. Flexion as a symptom of tuberculous disease of the hip appears early, and should be guarded against, as the joint is apt to become fixed with the thigh in this position. Adduction appears later in the disease, and may give rise to serious inconvenience:

These deformities are not necessary sequelae to tuberculous disease of the hip. In the treatment of tuberculous disease of the hip, the appearance of these deformities should be anticipated and the hip and extremity kept at perfect rest in a position of abduction and extension. It has been customary to attempt to do this by rest in bed, with extension by weight and pulley and counter-extension. This method, however, does not immobilize but simply assures general rest, and relieves muscular spasm, consequently the application of a plaster of Paris spica, or Thomas hip-splint, is to be preferred. This treatment is especially efficacious if the patient is kept at general rest in bed.

When a patient is brought to our notice at a later stage of the disease, when either flexion or adduction, or both of these deformities have appeared already, active interference is necessitated.

In the past, extension with a weight and pulley in the line of the deformity and counter-extension have been the most commonly employed means of treatment in deformities seen early. Many, however, prefer to force the deformed limb into normal position under anaesthesia, and to retain the limb in the corrected position by a brace or plaster of Paris. This treatment should, however, be considered only with caution.

When all signs of active disease have disappeared, if deformity exist and the hip is fixed and manually immovable, a sub-trochanteric or trans-trochanteric osteotomy may be performed, after the method of either Gant or Robert Jones.

*Knee.*—Tuberculosis of the knee is a less serious affection than that at the hip. It is accompanied, however, by such similar symptoms as muscular spasm, which in the case of the knee also tends to produce deformity. This first is demonstrated by flexion, and, possibly, by external rotation. It is by contraction or spasm of the ham-strings, that flexion is produced. If this is persistent, posterior subluxation of the tibia is likely to follow, and with this shortening of the muscles, and possibly the ligaments.

In the earliest treatment of this lesion, flexion must be anticipated. It is unnecessary, and can be avoided. The muscular