jecting backwards. The weight of the body is still supported on the sound limb, the diseased one resting on the ground only by the ball of the foot and the heel elevated a good deal.

The knee is also higher than that of the sound side, and the thigh is flexed at hip only, and not at both hip and knee as in the second stage. The diseased side of the pelvis is tilted up. The spine is curved laterally, the lumbar portion having the cavity looking to the disease, while the dorsal is the other way. Tenderness behind the trochanter and in the groin now diminishes, and abscesses form and burst in various places. The third stage is one of apparent shortening. The affected side of the pelvis is tilted up instead of lowered, and the thigh adducted, so that the sound limb is abducted to the same extent as the other is adducted, thus causing the affected thigh to look shortened. Careful measurement shews that it is not real, being altogether due to posture. Such an opinion is held by nearly all authorities on the subject. It is in this stage that the symptoms of dislocation of the femur upon the dorsum ilis appears, an end in which all cases of this affection were at one time supposed to terminate.

As regards treatment, each case, before anything is done, should be thoroughly and carefully examined, and sometimes, to do so properly, chloroform is necessary. Children are naturally timid, and often refuse to submit to the necessary manipulation for diagnosis. After examination, the full nature of the case should be explained to the parents, so that they may fully understand the necessity of following all the surgeon's instructions. It will be his duty to enjoin absolute rest for the diseased joint, and that not for a few days, but for weeks. Unless this is done, everything else will be of little service. Next to rest, comes position. This is important, so as to prevent the articular surfaces from pressing together and to give comfort to the patient. There are many ways of doing this, and we have a great many apparatus of different kinds from which we can choose. A great many of them are merely modifications of one another, but the best are Bauer's, Barwell's and Sayre's. Some surgeons use neither of these, but content themselves in gaining extension by means of weight and pulley, and counter-extension by raising the foot of the bed. Others again, simply employ Liston's long splint, in the same manner as in fracture of the thigh. This plan is as good as any, and it aids in preventing the lateral curvature to the spine. All this will do for the first stage, but when we have a case in the second, with apparent shortening, the pelvis tilted up, with retraction of the tensor vagina, pectineus, and adductor longus muscles, we must do something more, and it is in this stage where the benefit of tenotomy is so evident. To give proper position so that the patient may gain all the necessary rest and freedom from the spastic muscular contractions that now trouble him, the tendons of the muscles at their origin should be divided. After an operation of this kind there is usually great relief from pain. Bauer says it acts antiphlogistically, but with all due deference to that eminent authority, if he had said mechanically, he would have been nearer the mark. Surprising results have been seen from this little operation in knee cases. It is simple, easily performed, and there is no danger attached to it. However, there is a diversity of opinions among surgeons, and there are a good many who are altogether opposed to it. In the third stage the disease has made further progress, all the structures are implicated, and total destruction of the joint may ensue. The pus may make its appearance at different places, between the gluteal muscles, below Poupart's ligament, etc. The treatment now depends on the severity of the case and complications present. Sinuses must be kept open, a very difficult thing to do, but this is almost imperative, and is a rule sanctioned by most surgeons. Rest and position are just as important as ever. When we see the patient becoming exhausted from the continued drain of pus discharged from carious or necrosed bone, conservative surgery should be resorted to and excision of the joint performed. The operation is imperatively necessary if any of the pelvic bones should be implicated, as here, the disease, if left to itself, would soon have fatal termination. Surgeons for a long time objected to operate in such cases, but Hancock has shewed that it can be successfully performed with marked benefit to the patient.

Abstract of the Introductory Lecture at the opening of the Third Session of the Medical Faculty of the Universitg of Bishop's College, Montreal, on October 1st, by E. H. TRENHOLME, M.D., B.C.L., Professor of Midwifery and the Diseases of Women and children.

Mr. Chairman and Gentlemen,—Three summers have passed since this medical school was ushered into existence.

Upon this occasion, the opening of the third session it affords me great pleasure on behalf of this Faculty to warmly welcome you, friends and students. We would be excusable were we to boast somewhat of the past, but our feeling is rather