spine was carried downwards and inwards in the line of the axis of the femur. This incision passed down internal to the sartorius muscle and ran parallel to the anterior crural nerve; the anterior capsular ligament was opened up and the neck of the bone reached and divided. The objection to this method is that the strong ilio-femoral band is greatly cut up; it is so thick that it is often necessary to divide some of the fibres transversely; this important element in the strength of the joint is damaged to a considerable extent and the integrity of the joint is impaired. Again, the incision is so nearly over the head of the bone that, if the disease prove to have involved the neck extensively, or the trochanter, it is impossible to remove it.

Barker's method of excising the hip by anterior incision is the best procedure. His incision begins ½ inch below and external to the anterior superior spine, and is carried down 3 or 4 inches in the axis of the limb. The incision is carried boldly down to the bone, passing between the sartorius and rectus muscles on the inner side, and the tensor fasciæ femoris and the glutei muscles on the outer side. The anterior capsular ligament is opened up and the articulation exposed; the neck of the bone is then divided by means of a narrow-bladed Adam's saw, and the head and neck removed. The acetabulum may be explored, and if diseased tissue be found there it should be removed, and the soft parts of the articulation should be similarly treated. For this purpose the use of Barker's flushing scoop is valuable. It combines the advantages of a Volkmann's spoon (and is shaped like it) and an irrigator at the same time. The scoop is hollow, and allows a stream of boiled warm water (temperature 105° to 110° F.) to flow through it; thus, as the diseased tissue is detached it is flushed out of the wound. In many cases the wound may be closed by suture without a drainage tube. This method of operation gives free access to the joint, there are no muscular attachments disturbed, the ligamentous strength of the joint is not impaired, and the diseased tissue is removed entire with as little breaking up as possible. It may be thought advisable to drain the wound cavity; this is particularly needful in those cases in which extensive disease is found with suppuration. It has been urged that drainage is necessarily inefficient from an anterior wound. It is very easy to overcome this objection, however; thus, after excision by the anterior method, a pair of sinus forceps may be thrust through the posterior capsular ligament, close behind the trochanter, and the point of the forceps may be cut down upon from behind; a drainage tube may then be placed in position and the wound cavity thus drained from a dependent posterior opening.

A question of considerable importance in excising tubercular bone is with regard to the amount of bone to be removed. We cannot always judge accurately by microscopic examination as to the precise limit of the tubercular disease. We must remember that a very small tubercular focus may be surrounded by a very large area of inflammatory products of a non-infective character. Thus we find rarefying osteitis accompanying the tubercular process. We may find very extensive bone atrophy; this bone, however, may possibly recover if we remove the primary cause of the trouble in excising the tubercular disease. It is very common practice, when advanced atrophy of the bone is found, to proceed to amputation. This is more particularly the case in diseased articulations other than the hip. The question which ought to be settled is whether or not it is necessary to remove all the bone which is the seat of rarefying osteitis. We are inclined to believe that such bone is not necessarily beyond hope of recovery. It is a point which has not, as far we are aware, been discussed. In settling it one would have to decide not only the possibility of restoration of such inflamed bone, but one would have to find some means of distinguishing between tubercular tissue and tissue the seat of a non-infective inflammation.

ANTIKAMNIA.—Dr. Caleb Lyon, of Rossville, Staten Island, thus speaks of antikamnia: I reiterate my assertions made nearly a year ago, and am daily prescribing antikamnia with happiest effects. In my practice it accompanies the maid from her virgin couch to her lying-in chamber, assuaging the perplexities of maidenhood and easing the trials of maternity with most gratifying results. I earnestly hope that the proprietors of this valuable remedial agent will keep it up to its present standard of purity and excellence