

standing of our case, and establish a reliable diagnosis as a basis of therapeutic action.

THE FIRST STAGE is the disease but virtually. The affected structures are but in a state of congestion and hyperaemia with incident tenderness, there are no substantial changes as yet, and by at once taking prompt measures, we may succeed in obviating future mischief. The earlier this is done the surer we may count on success. Nay more, I should consider myself justified in treating every injury to the joint as a virtual affection of the same. A few weeks restraint is nothing in comparison with those terrible maladies that may eventuate from apparently insignificant causes. But with all the precautions imaginable, and with the most appropriate and prompt treatment, we are not always able to prevent the consequences, more particularly if they refer to injuries of the periosteum and the bony structure.

*The very first therapeutic axiom* in the treatment of joint diseases is *rest, absolute and unconditional*, and the next, *proper position* of the affected articulation. The efficacy of these two is greater and more reliable than the entire antiphlogistic apparatus, and they generally suffice to meet the exigencies of the first stage.

The affected joint is to be rendered immovable by appropriate bandages, materials, or special appliances; and if the affection concerns the lower extremity it would be additionally advisable that the patient takes to his bed and thus get rid of the superincumbent weight upon the affected joint. The ordinary way of rendering a joint immovable, is by hardening bandages, by leather, gutta-percha, wooden, wire or light metallic splints, that are adapted to the form of the extremity. If the morbid condition of the joint is not far advanced, so that we may not require to inspect the articulation often, and thus disturb the dressing, stiff bandages are certainly preferable, otherwise, splints should be chosen. The stiff bandages are made by impregnating the outer portion of the dressing with flour, starch, or dextrine-paste, plaster of Paris or the liquid glass. Inasmuch as these bandages are more or less impermeable to the perspiration, it is necessary to first surround the extremity with a well applied flannel bandage, under which the unevenness of the surface should be filled with cotton wool. How the rest is done, is indeed very indifferent, as long as it fulfills its object. Until the bandage is perfectly dry, it would be advisable to fasten a splint to the member. In some instances it may be advisable previous to the application of the bandage, to apply an appropriate number of leeches, so as to reduce the hyperaemia and stasis, the effects of which are, however, but transitory. The fixture of the joint should immediately follow.