

ient to check the progress of the disease, the question of operation comes in. Up until the present time operative measures have been *un dernier ressort* and have been carried out only after the disease has advanced to the suppurative stage, and the joint has been destroyed. The object of operation has heretofore been the saving of life or limb, and two forms of procedure have been in vogue for some years, known respectively as resection and erosion or arthrectomy. During the session you have seen several examples of each operation.

Now I venture to suggest that we do not make sufficient use of operative measures in tubercular arthritis. I do not think that operation should be delayed, in such cases, until it becomes compulsory to resort to it in order to save the limb or the life of the patient. In my opinion it is unwise to defer operation until the third stage of the disease has been reached and the case is plainly no longer amenable to treatment by rest and general measures. I feel strongly inclined to advocate a doctrine which I am sure will soon become established—that operation should be undertaken early and as a curative measure. The most effective method of treatment of tuberculosis is to remove the affected tissue or tissues; should the disease be situated in a position where it can be reached, and this removal should be undertaken just as soon as the condition is made out. The more promptly operative means are adopted, the more satisfactory will the result be.

But, you will say, this theory advocates a treatment which involves danger, without giving less radical means a trial. I grant you that operation is not altogether devoid of risk. We have been accustomed to consider three dangers in connection with surgical operation—shock, hæmorrhage and sepsis, but of these shock is the only one which is not well under control in the present day. And this is not likely to be of much moment when the patient is in fair condition, as is usually the case early in the disease before the cartilage and the bone have become involved. So the dangers of operation have become reduced almost to a minimum, while at the same time our methods have so improved as to almost assure success.

I have here three boys who have undergone operation for tubercular arthritis of the knee, and I wish you to notice the differences in the results attained. In two cases the disease was well advanced, and operation was necessary to save limb and life. The results might well be styled good, but nevertheless the limb in each case is a comparatively poor affair, and will never be as useful as we would wish. They make a