

spasm, indicating the necessity for traction, this could be applied at the ankle by means of a Dow's brace, or the apparatus of Dr. Sayre or Dr. Foster.

The application of adhesive plaster to a painful ankle required more care than a dispensary case was willing to give, especially when abscess was present. For this reason, he had found it most serviceable to employ a leg brace, or plaster splint, worn constantly, and a perineal crutch for walking, which could be laid aside at night; or the Dow's brace, as modified by Dr. Shaffer, might be used.

Abscesses should be left entirely alone, and the sinuses simply kept aseptic. After the joint was considered cured, it was well to wear an ankle brace for some months to prevent twists. The malpositions found in the acute stages were almost entirely due to muscular spasm, and did not require tenotomy or other operative treatment.

In the later stages, there might be bony changes, and these, if not painful or progressive, did not require treatment. However, if these conditions did exist, and yet there was no evidence of active disease, an attempt should be made to restore and preserve the normal relations of the parts.

The value of hygienic surroundings during the treatment of these cases could not be overestimated. His observations had been made on children only, and, for contrast, an extended series of cases in the adult would be very valuable. Without exception, every one of his cases of ankle-joint, or tarsal osteitis, in children, had done well under conservative treatment, and he had yet to see the case which he would condemn to erosion or excision.

Dr. N. M. Shaffer said that his own experience led him to think that one point in Dr. Myers' paper should be particularly emphasized, *i.e.*, the necessity of absolute protection of the articulation. He had accomplished this in practice, whenever possible, by the use of a modification of Dow's brace, and had found that adhesive plaster was rarely required, as a well-fitting shoe made efficient counter traction. He thought that the further removed the tuberculous joint was from the centre of the body the more benign was the disease, and the less the danger of general infection; and he was inclined to speak

more strongly of the conservative treatment of ankle-joint disease than of any other articulation in the body.

Dr. Ridlon thought these cases did well with the Dow instrument; but with this, as with some others, we could not secure immobilization, but only protect the joint from the jar of walking. He had seen such excellent results in cases of suppurative ankle-joint disease without any treatment whatever, that he often doubted how much of a good result could be attributed to the treatment received.

Dr. H. W. Berg said that he had had such good results in the treatment of phthisis by the administration of the bichloride of mercury in doses of one-twenty-fourth of a grain, three times a day, that he was inclined to believe the old theory, that tuberculosis was really a change in the syphilitic virus, due to passing through several generations. He considered that splints like Dr. Judson's were imperfect, for, by taking their bearing from the outside of the foot, intra-articular pressure was increased. To diminish this pressure, the foot must be adducted and rotated inwards.

Dr. Phelps was of the opinion that the vast majority of these cases were cured by immobilization and relief of intra-articular pressure; but in suppurative cases, he believed that the soundest and most scientific surgery demanded operative measures. If we could protect the hip joint as well as the ankle joint, we ought to get equally good results in hip disease. He believed that these cases were inoculations of pathogenic germs on a diseased surface, and that they were purely local.

Dr. R. H. Sayre exhibited a splint which his father had devised for an adult with ankle-joint disease. He agreed with Dr. Ridlon, that it was difficult to apply traction at this joint, but he thought this splint solved the problem. His views regarding the prognosis and treatment of this disease were in accordance with those just expressed by Dr. Phelps.

Dr. Samuel Lloyd said that fifteen cases of adult ankle-joint disease had been treated in the New York Post-Graduate School by the so-called conservative method, but the relapses had been very frequent, and he thought this method was less likely to yield good results in adults than in children. In answer to questions from the