

A great advancement was wrought by the introduction of portative extension inasmuch as it enables the patient to enjoy the desirable open air exercises. And Dr. Davis is entitled to the full share of credit for this improvement. There remains, however, a vast field for mechanical perfection of those portative apparatus heretofore in use. When Davis's splint became known, the profession was in ecstacy, and indeed it has a conditional value. Experience has however decided that it cannot cope with aggravated cases of hip diseases, cannot render dispensable the use of the knife, nor prevent the progress of the disease. The same objections apply to Sayre's, Barwell's, or Vedder's respective splints. Dr. Andrew's pelvic crutch is evidently an improvement in the right direction. We are truly glad to have seen it. Sayre has lately published the like apparatus for the knee, and ankle joints. They are both ingenious and effective, and should have found a place among the numerous illustrations of less value in this work.

In effusions of the joints, the author thinks that the use of the trochar would do no harm. We think it will, unless the joint is properly prepared for the puncture, or such movements are made with the joint as to favor the exit of the liquid, and prevent the entrance of air. Barwell has informed the author to whom surgery is indebted for this operation, but the author thinks so little of it as to mention it merely in passing.

The author is still inclined to favour counter-irritation, and doubts that remedies of which our professional ancestors thought so much, should have become entirely worthless to the present generation. The same logic applies to indiscriminate bleeding, and yet it has been almost entirely abandoned for very relevant reasons. Dr. Prince may tell a nice little story of a boy who submitted to the hot iron, under the promise of being taken to the theatre, but it proves very little to the point. Counter-irritation has been indeed thoroughly tried and assuredly too much so for the good of the respective patients. But having disappointed the expectations of both surgeon and patient, and rather aggravated the suffering of the latter, it has been given up by the wiser portion of the profession. We have seen cases in which the fly-blister instantaneously produced spastic contraction, in diseases of the knee and elbow joints. The author may not have had the same opportunities, but then he is disqualified for counselling others on this point.

On page 58, the author commends the bold and free incisions of the late Dr. E. S. Cooper "to give free outlet to the offending fluid in violent inflammations," and on page 61, he is inclined to the advice of South who "thinks it preferable not to meddle with abscesses of the hip joint!" Every sound surgeon will follow the contrary maxim. That is to say, he