of air, and kept at rest; the patient must be watched that the first signs of inflammation may be combated. It may be well, particularly if the bowels have been sluggish, to give some mild form of aperient at once, that in case inflammation begin one may have a day's start of it. The opium treatment comes again into consideration, and if now a patient were to come under my care with a wound of an important joint as yet uninflamed, he should probably be kept opiated for several days. Locally, ice or at least very cold water constantly renewed is the very best application."

"If inflammation set in, antiphlogistics may be used, but with the greatest caution; we are to expect suppuration, and we must husband our patient's strength to the utmost. I prefer as soon as this action has commenced, to give only salines to calm the fever, to put on poultices, use hot fomentations, do all that is possible to bring on the purulent stage, and its characteristic or suppurative type of fever; then to commence a stimulant and tonic treatment—wine, ammonia, quinine, the mineral acids, ethers, and a strong diet. Now, whether or not narcotism have been used, opium will be indispensable on account of the pain, which is atrocious. This stage of traumatic synovitis corresponds sufficiently with a non-traumatic attack which has become suppurative, and the following point in treatment becomes important. If the wound in the joint be small, or if there be no wound, shall the synovial sac be incised to let out the pus, or shall it be evacuated by a trocar, or shall it be let alone?

In a paper by Mr. Gay before the Medical Society of London (*Med. Times and Gazette*, 1851,), that able surgeon recommends free incisions into the joint, on the plea that they allow shreds of cartilage, which may be shed into the cavity, to escape. It is for this reason that I cordially commend the value of this treatment. Some French authorities as Petit, Boyer, and others, might be quoted in favour of this plan. A joint once suppurated has lost that sensitiveness to the contact of air which it normally possesses: it is an abscess, and one cause of the great constitutional disturbance produced by the disease is confinement of matter deep among bones and tough fibrous structures. Therefore, if a depending part of the joint can be in any way reached, it should be widely incised; but the part *must* be depending. Pus must not be allowed to stagnate and putrify in the recesses of the cavity, or pyœmia will be pretty certain. The difficulty of getting at the hip, except by a very deep cut, would render such means inapplicable to that joint. The trocar would be the better method of emptying that cavity, but the greatest caution must be used that no air be permitted to enter." Page 71.

With most of the views put forward in the above paragraph we fully coincide. There are some however to which we do not assent, and we think that some very important points in the treatment of these accidents have been omitted altogether. In the first place, as absolute rest is indispensable in the treatment of wounds of joints, we cannot recommend purgation at the commencement of treatment, which in all cases obliges the patient to leave his bed or use a bed pan. In injuries of the joints of the upper extremities, this objection may not be so urgent, but most assuredly it applies with great force to injuries of the ankle and knee joints, and on that account we abstain from the use of purgatives at