

soon as sufficient strength and firmness is attained to prevent the hand assuming an abnormal position the splint may be dispensed with, and so long as the hand retains its normal attitude with relation to the forearm the wearing of a mechanical support would seem to be unnecessary. Gentle exercise should be encouraged, and electricity and massage may be employed with benefit. Attempts at opposition of the thumb to the fingers should be persistently insisted upon as well as all other movements of the fingers and the new joint, and likewise pronation and supination of the hand and forearm.

The operation may be followed by failure, the establishment of a flail-joint, complete ankylosis and immobility or fibrous union with mobility. Reasons for failure are obvious when consideration is given to the complicated nature of the joint and to the nature of, and the extent which may be attained by the disease for which it is most frequently performed, the outcome in tuberculous cases being often death from some other co-existing or subsequently developed tuberculous condition. A flail-joint is an undesirable result, but if the hand can be maintained in a normal position by means of a mechanical support the result is preferable to that of amputation. Likewise, complete ankylosis with immobility at the wrist and of the fingers is undesirable, but from an æsthetic point of view a useful hand is preserved. Fibrous union and mobility of the new joint is the result to be sought for and when this is attained with added free movement of the thumb and fingers, success is unqualified.

The advantages of a successful excision are too apparent to require mention and so it is that the operation ought to be persevered with, considering that the preservation of the hand is at stake and that even a hand much impaired in function is vastly superior to any mechanical device that can be substituted.

Following are some notes of a case of infective necrosis of the right wrist in which excision was successfully performed :

R — W —, aged eleven years, referred by Dr. Taylor, of Inwood, Ont., consulted me on September 19th, 1904. Until ten months previous to consultation the patient was a healthy boy. At that time he had a needle run into the radial side of the palmar surface of his right wrist. The needle was withdrawn, but after two days the wrist became swollen and painful. The swelling soon extended up the forearm and arm, and constitutional symptoms of severe septic poisoning developed and persisted for a period of nearly three weeks, after which gradual subsidence took place. Suppuration occurred at the wrist, and an opening was made to evacuate the pus. Complete relief failed to ensue: the functions of the hand and wrist became much impaired, and during the ten months, at various times and