

in his book on "Tuberculosis of Bones and Joints," p. 466, gives a figure of a case in which, in the course of resection, both epiphyseal cartilages were removed, with a consequent shortening that brought the foot of the resected limb up to a level with the middle of the tibia of the opposite leg.

As in other joints of the extremities, in nearly all conditions of chronic disease, flexion is a clinical phenomenon which presents itself early, and is likely to persist to the end unless means be adopted to extend the limb and prevent flexion until the termination of the disease.

Fortunately, the knee is so situated that the rest which every joint should have which is affected with tuberculosis can easily and efficiently be obtained without subjecting the patient to the disadvantage of confinement to bed. In this, as in all wasting diseases, it is highly important that such means should be employed as will permit the patient to enjoy the advantages of fresh air, sunlight, and exercise.

In the management of these cases, two problems may be mentioned as presenting themselves for solution: (1) How shall the patient walk without having the foot of the affected limb come into contact with the ground, thus causing jarring and possible traumatism of the diseased parts? (2) In cases where there is flexion of the joint, or flexion with subluxation, how may the limb be extended and the subluxation corrected without causing undue intra-articular pressure?

The first problem finds its readiest solution in the employment of the splint first made and used by the late Hugh Owen Thomas, of Liverpool. Simplicity of construction—always a recommendation—is a characteristic feature of this splint. It is, in effect, a perineal crutch consisting of a padded ring which passes obliquely around the upper part of the thigh, and supporting the body by coming into contact with the ischium and buttock. The plane of this ring forms an angle of  $55^\circ$ , with a bar of steel which passes from it down the outer aspect of the leg to a distance of three or four inches below the foot. A similar bar passes from the inner portion of the ring down the inner side of the leg, and at the same distance below the foot these two bars terminate in an oval ring, which constitutes the walking surface of this crutch. Under the shoe worn upon the sound foot is a sole of cork, raising it so that the feet are brought to the same level. The back part of the leg below the knee rests in a leather support, passing behind from bar to bar, while the front of the thigh is crossed by a broad strap passing between the same bars. In this manner the patient soon learns to walk, stepping alternately upon the elevated shoe of the sound side and the perineal crutch worn upon the diseased limb, without bringing the foot of the latter at any time into contact with the ground.

If the limb is found flexed when the splint is first adjusted, the steel