or from both. This latter form is a serious disability, and cannot be successfully remedied by placing cork under the affected limb.

Marked adduction or flexion as a permanent result is a cause of much disability. If these occur while the disease is still active, then they should be corrected by traction, while the patient is confined to bed, and the corrected position may be maintained by a good splint till recovery results.

If after nature has done her part, and the disease is quiescent, there still be found adduction and marked flexion with ankylosis, indicating that the surgeon has failed in doing his part, then osteotomy must be resorted to. In properly selected cases this is a most satisfactory operation, both in its performance and results.

If with ankylosis there be no adduction, and only a moderate degree of flexion, correction is not called for, as flexion not exceeding twenty degrees is to be considered desirable, as it makes sitting down more comfortable and graceful.

Ankylosis is a desirable result if there be such a loss of bone as to deprive the natural joint of its security, for the purpose of weight-bearing. In any part of the body ankylosis is better than a weak movable joint, except it be in the joints of the upper extremity.

The splint above described is a most desirable one for children, but owing to the fact that its upper part comes to the axillæ, and that it absolutely prohibits the sitting position, and also because that deformity is not so apt to occur in the adult, a splint much like those so much used in the United States may wisely be employed. It may be called a traction splint, whereas the former one is pre-eminently a fixation splint. By the English splint, however, as modified, powerful traction may be obtained, and the American splint secures some degree of fixation. This traction splint consists of a horseshoe-shaped and well-padded pelvic band passing from the diseased side in front and behind the pelvis, and having the opening toward the sound side. Bolted to this band near the centre is a bar which reaches down to a point two or three inches below the foot, or better, reaches as far as the bottom of the foot, and there has a piece at right angles, which passes through a tube in the heel of the boot. One or two perineal straps, placed as in the former splint, serve to force the splint downward, while its attachment to the boot makes traction upon the leg. A high-soled boot should be worn on the sound side, and the patient should walk with crutches, never allowing the foot on the affected side to reach the ground.

In making counter extension by means of the perineal straps, the one pulling upward on the side of the pelvis opposite to