few weeks. I do not expect to cure a case in a short time. The case must be managed. If abscesses form and become alarming, then get rid of the abscesses by incision and evacuation. If the abscesses give rise to no constitutional disturbance, or pain, or inconvenience, especially, do not take fright and make a grave prognosis, but let the abscess take care of itself. Many cases open spontaneously and good results are obtained. Bad results take place because the joint is not protected; not because the abscesses are present, but because the bone and joint are not attended to. The question of excision of the joint or gouging I shall not discuss, because I see many surgeons about me who are more competent to discuss this matter, and shall close my remarks by urging upon you the importance of early diagnosis—the diagnosis made before any deformity has arisen,—the importance of regarding the lesion as tuberculous, and the importance of protecting the joint first, last and all the time.

In conclusion, I trust none of my hearers will accuse me of belittling the so-called American mode of traction with motion. I simply say that traction with motion is not only bad practice, but it is difficult to obtain. My observation is that those who employ this method do it only in name, not in practice. The joints of the splint are usually rusty, and the patients are not taught to keep them in order. Good results are obtained by the traction. The traction produces fixation. With fixation and traction to the joint, therefore, we have the best attainable treatment. I employ traction in all of my well-to-do cases. In my charity cases I frequently omit this element because of the expense, and I must confess that these do about as well as my well-to-do cases, sometimes better. I seldom find it necessary to confine the patient to bed. I do not use a splint by day and a weight and pulley by night. The splint is used night and day. I aim to keep the protection continuous. The peroneal straps that pass from the pelvic band of the splint serve as peroneal crutches. The constitutional treatment employed is cod liver oil, hypophosphites, and iron in its various preparations, according to the needs of the patient. The digestive functions must be good; when these fail, remedies to correct. In other words,