skilled hand, as the following one from the Montreal General Hospital reports shows.

E. T. aet. 21, occupation "Ballet Dancer" received a blow on her knee which set up a synovitis, was treated by Drs. Shepherd and Molson for two months. Nov. 5th, admitted to hospital. Nov. 8th, Joint cauterized. Nov. 20th, Scott's dressing applied. Dec. 6th, blistered with cantharides. Dec. 7th, blistered with cantharides followed by zinc ointment. Dec. 11th, cauterized under ether. Dec. 18th canth. plaster. Jan. 17th, students report says "knee is more painful, more swollen and stiffer than before." Jan. 20th, patient discharged.

Having exhausted the usual remedies at hand, the next step is to aspirate and draw off the superabundant fluid. This should be done before the capsule and ligaments have become over-stretched or the synovial membrane too altered by adhesions, villous growths or organized lymph. It must be done under most thorough aseptic care. Enter the needle where the capsule is thin, draw off the fluid, seal with collodion and gauze, then immobilize the joint. The fluid withdrawn is usually normal, but it may be flocculent or dark and blood-stained. It may be copious.

In one case at the Montreal General, it amounted to 12 oz. from the knee joint. After aspiration, should fluid again return, it is usually in diminished quantity and is readily reabsorbed. When the affection is of long standing and the condition of "Hydrops Articuli" is established, some surgeons get excellent results by aspiration, irrigation of the joint by sterilized water followed by the injection of a 2 or 3 per cent. solution of carbolic acid and immobilization. This should not be done while any inflammation exists. Should immobilization too long continued, end in ankylosis and massage, passive motion, etc., fail to restore the function of the joint, break up the adhesions under ether. After recovery most joints require support for some time. This may be done by keeping it securely bandaged, or better, by the use of an elastic stocking. The patients health must also be looked after.

Should infection take place, as indicated by rigors, high body temperature with pain, redness and marked œdema of the joint, free incision and drainage with antiseptic washes must be carried out. Such joints recover their function completely if ulceration and organization has not gone on too far. Among the reports examined at both hospitals no such case occurred. The following facts which I have gleaned from them may be of interest. The time which elapsed from the injury till the patient had to lay up varied from a few minutes to three weeks or more. Time spend in hospital from 3 to 75 days, average 31 days. The number of recurrences were fairly numerous. The severity of the injury was no index to the prognosis; cases showing most severe