like the wound, but larger, results. If the wound be on a limb a cylinder of similar wire work is made in two parts, which is hinged together so that the cylinder may be easily applied to or removed from the limb. The circumference of the shallow dish and the ends of the cylinder are padded by wrapping some soft material—carbolized wool, for instance—round the thick supporting wire. When in place the apparatus may be covered by any dressings the surgeon chooses, and is retained in place by strappings or bandages.

"On one detail of the treatment it is necessary to insist with the utmost emphasis, the surface of the wound must be kept absolutely clean. It should be gently sponged daily, twice, thrice or oftener, if necessary, with some mild antiseptic fluid, such as boric acid or weak (1 in 40) carbolic lotion. Otherwise the discharges coagulating on the surface form a cake under which pus is retained, and which proves in experience more hurtful than any other foreign body. In order as much as possible to prevent the discharges drying and caking, I usually cover the supporting cage with wet lint, and the whole with waterproof. If, in spite of precautions, the lymph does cake, it may be softened by soaking in olive oil and then removed."—*Interstate Med. Jour.*

THE INTERNAL DERANGEMENTS OF THE KNEE.

The internal derangements of the knee may be classified as follows: (1) Loose bodies; (2) detachment or displacement of the semilunar cartilages; (3) enlargement with nipping of hypertrophied synovial fringes, and (4) elongation of the ligamentum patellæ. In all these derangements, except the last, it may sooner or later become necessary to open the knee-joint if a radical cure is to be obtained. Walsham believes that the knee-joint may be opened with a freedom equal to that of opening the peritoneum, but likewise an equal amount of care for strict asepsis should be taken in opening the joint as in the peritoneal cavity. He calls especial attention to the five following points: (1) Preparation of the patient, *e. g.*, rest in bed three days to a week previous to operation, with the limb in a splint, regulation of bowels, etc., and careful asepticising of the skin; (2) arrest of all hemorrhage; (3) accurate suture of the synovial membrane and capsule; (4) postoperative absolute rest for the limb; (5) early passive movements and massage. As to the treatment of elongation of the patellar ligament, it is best to transplant it further down the tibia by the use of an ivory peg.—*Interstate Med. Jour.*