

amount of exercise obtained by the patient does not do much to keep up his muscular development, nor does it greatly aid in the metabolic processes, while the erect position long maintained does produce harmful results, by favoring swelling of the inactive limb. The patient's ability to move about at will is not to be lightly esteemed; it has many advantages for himself and for others. Much of his time, however, should be spent in the recumbent position, either out of doors or in a sunny room. If the splint be well adjusted he soon learns to help himself, and can move from place to place without help, and without danger of injury to the diseased joint.

The teaching of the last few years should not be forgotten nor lightly passed over by the surgeon who is called upon to deal with tubercular joint disease. Pulmonary tuberculosis is to-day considered curable in a large percentage of cases. The most important points in securing efficacy of treatment in this domain are: (1) Early diagnosis; (2) free and constant exposure to pure air; (3) as much sunshine as possible; (4) dry air of high altitudes; (5) good nutrition; (6) as much rest as possible for the affected parts; and (7) measures of prophylaxis.

Evidence, not only in the sphere of surgery, but in that of general medicine, is accumulating and showing more and more clearly that it is by attention to the general disease which is present rather than to its local removal by operative interference that we must look for the best results.

In regard to constitutional treatment, the same directions should be given as in other forms of tuberculosis.

Under such treatment a large proportion of cases will progress constantly toward recovery. If, however, the amount of inflammatory product be more than nature can successfully dispose of by absorption, and if the healthy tissues do not become successfully walled off from the diseased structures, and the virus continue to extend the area of its noxious influence, so that breaking down occurs, then the debris should be removed by operation, the surrounding tissues being wounded as little as possible, trusting largely to natural processes aided by drainage, cleanliness in nursing and good diet to put a stop to the further ravages of the disease and to secure cicatrization.

It is interesting to inquire what are the elements which constitute a successful recovery, and what those which prove a detriment and disability to the patient.

Shortening, of course, may be apparent or real. Real shortening results from (1) displacement upward of the femur through loss of any portion of the head; (2) through lack of growth, so that the diseased limb does not keep pace with its fellow. Apparent shortening results from flexion or adduction,