In considering the advisability and applicability of excision of the wrist it is important to observe carefully the general condition and fitness of the patient as well as the local condition present. It is essential that the vitality and recuperative power should be undeteriorated by phthisis or by any marked degree of amyloid disease, chronic sapremia or other organic disease, the desirable age limit being not less than five nor more than forty-five years. As regards the local condition due consideration should be given to the extent of the disease in the joint, the condition of its surrounding parts, the presence of acute disease, and to the possibility of thoroughly removing the diseased parts and preserving for the patient a useful hand. No definite rule can be formulated, and it is necessary to judge each individual case by the actual condition present. Should the involvement of the bones and their destruction be great, and the soft parts extensively destroyed by sinuses and the muscles much atrophied, or should acute disease be present, the case would in all probability be considered unsuitable for the operation.

Of the methods of operating, the most frequently employed are those of Lister, Ollier, Langenbeck, Konig and Kocher. The former two are characterized by a metacarpo dorso-radial and a metacarpo-carpo-ulnar incision differing somewhat in each case, and in Ollier's method a short incision is added on the radial side for purposes of drainage. In the latter three a single dorsal incision alone is used, that of Langenbeck being a metacarpo-dorso-radial, while Konig's is a similar one, though not so extensive, in an upward direction, whereas Kocher's is a metacarpo-dorso-ulnar one. All are complicated and tedious, as must always be so, and the method chosen should be the one that would seem to facilitate the operation in the individual case. Remembering the principles, the requirements and the possibilities of the operation, with the extent of the disease as a guide and with an accurate knowledge of the anatomy of the part, though this is often much obscured by the disease, the details are best worked out as the operation proceeds. No diseased bone or synovial membrane should be allowed to remain and if it be found necessary to perform so complete an operation as Lister described, such should be done. It should always be borne in mind, however, that a better result is likely to ensue if it is possible to preserve intact some of the structures which are divided in Lister's operation, namely, the tendinous insertions of the radial and ulnar extensors and the ulnar flexor of the wrist and the origin of the thenar and of the hypothenar group of muscles. If it is possible to complete the removal of the diseased parts without sacrificing more than the upper and lateral articular cartilages and