

of the fibrous or osseous attachments by manipulation. Whatever means may be employed for the correction of the deformity, it is necessary that a retentive appliance be used, in order to keep the limb in position until recovery follows. The same tendency to adduction and flexion is manifested after operative procedures for the removal of diseased tissues, and the same necessity arises for the prolonged employment of mechanical means.

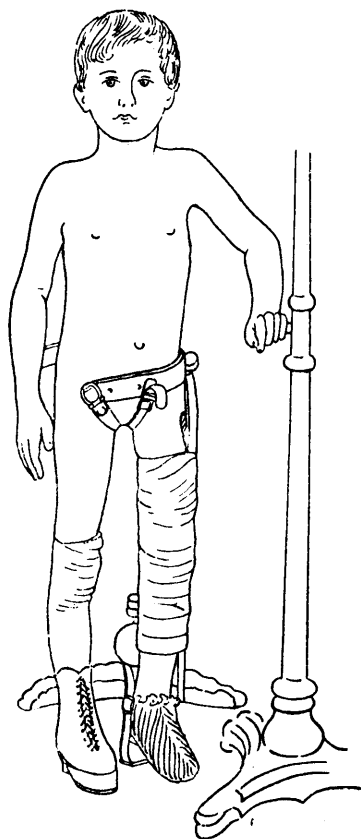


FIG. 8.

By intelligently carrying out the principles advocated, every case of hip-joint disease may be brought to a termination without any deformity, except such as results from the arrest of growth, or arises from the destruction of tissue by the ravages of the disease.

So marked and uniform is the tendency to adduction, that it is not necessary to correct abduction when it is found to exist. A case that has the limb abducted early in its history, will be one of adduction at a later stage. In order to insure

success, the mechanical appliances require constant attention, and it is necessary that there be an intelligent grasp of the mechanical problems presented. Splints are frequently supplied by the makers of surgical appliances, that are not only useless, but harmful. In order to get satisfactory results, the appliances must be of sufficient strength and resistance to keep the affected limb entirely at rest, after reduction of the deformity has been effected.

IMMEDIATE CLOSURE OF THE WOUND AFTER SUPRA-PUBIC CYSTOTOMY.*

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The object usually aimed at by the operative surgeon in regard to the wound he makes, is that it shall be healed up in the shortest possible time, and with the least disturbance to the general economy of the system. Immediate union is the ideal result we are all striving for, and in wounds of the bladder this is especially desirable, on account of the constant escape of urine through an open wound. I believe immediate closure of the wound after supra-pubic cystotomy is not only feasible, but that it should be done in almost every case. In cases where a supra-pubic opening is required, the bladder is generally in an unhealthy condition, containing, it may be, ropy mucus, pus, cast-off epithelium, decomposing blood clots, and foetid urine. Such a state of affairs will, unless corrected, frustrate the attempt at obtaining immediate union in the wound, and renders necessary as a preliminary measure, the most careful antiseptic cleansing of the bladder. Copious and frequently-repeated washing of the viscous with antiseptic solutions should be made for some days and for this purpose Thiersch's solution of salicylic and boracic acids will usually be found quite efficacious, the patient being kept entirely at rest. When the urine is alkaline, benzoic acid administered by the mouth will be found of value.

At the time of operating, the bladder receives a thorough washing out, so as to remove all septic matter, and destroy the septic activity of the diseased mucous membrane, and is left moderately filled with an antiseptic solution. As soon as the incision has been made so as to expose the blad-

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