

behind the knee and bandaged it to the thigh and leg, placed the limb in a horizontal position, and applied water dressings; the wound was left open to allow a free discharge. Recovery took place without any untoward symptom, and in a few weeks the joint was as good apparently as before.

Case 3.—A. P., aged 8 years, delicate looking girl, fell upon a broken glass bottle which made a transverse incision about 2 inches in length on the inner side of the patella. The finger passed freely into the joint while examining for broken glass. This case was treated and recovered, similar to the last. The joint is perfect, and no weakness remains. I have frequently seen the smaller joints of the fingers, the thumb and of the toes laid open, and allowed to heal without any attempt to approximate the edges of the wound. In very many instances good joints were obtained unless where the tissues were much crushed or the tendons divided, when the result was generally a stiff joint or very slight mobility; a great deal depending upon early and careful passive movement.

Some years since I saw a surgeon amputate all the fingers of the right hand because the joints were opened, when in all probability they might have recovered nearly as useful as ever if they had been tied up and left to nature. Extensive experience in minor accidents has taught me to let fingers alone no matter how unpromising they appear at first, nor do I consider that open joints or compound fractures of the heads of bones require a sacrifice of the parts. Encouraged by the above results I have in a few cases opened diseased joints in which there was effusion, but first I will present to your notice one case in which a happy result was obtained by the injection of iodine.

P. O' B., aged 14 years, had injured his knee while at play, about three months previous to consulting me. He gave the history of an acute attack of synovitis followed by effusion which partially subsided at times. He had used various linaments and hot fomentations. The condition when he applied to me was as follows: Considerable effusion in the joint, ligaments very much relaxed, so that the tibia could be freely moved laterally on the femur, patella displaced about three quarters of an inch in front of the condyles by the effusion. I injected about half a drachm of strong tr. of

iodine with a hypodermic syringe into the cavity of the joint, without withdrawing any fluid. I directed the point of the syringe into the middle of the fluid, and then agitated the joint by rubbing it roughly and allowing him to walk home a distance of half a mile; he was directed to keep quiet, apply a flannel bandage, and to bathe the knee with hot water if pain occurred—no excitement followed this procedure. About one month passed and he reported himself well. No trace of effusion remained, no lateral movements of the joint, and the knee appeared the same as the other. After one year has lapsed no return of the trouble has occurred.

The following case occurred in my practice about eight years since:—

W. B., aged about five years, delicate, emaciated appearance, had been suffering for some time—about two months with symptoms of hip-joint disease. Dr. Fenwick saw the case with me. I obtained a very wide board, longer than the child, placed a soft mattress upon it, and pillows laid the child upon the abdomen and had him carried out daily in fine weather; the appetite was very poor but improved by the fresh air and tonics. As there was much pain, and as it seemed inevitable that the joint would open eventually I introduced a tenotomy knife behind the trochanter and along the neck of the femur into the distended synovial membrane. This was followed by some relief to the pain, and the contour of hip became enlarged by the fluid effused from the joint. I made a free incision into this, which discharged about a pint of sero-purulent fluid. The discharge continued for two or three months when the wound gradually healed. The joint was completely recovered in about a year and at this time it is impossible to detect any remnant of the disease.

The following is a case of Dr. Duckett's, which I saw with him in consultation, and which he kindly allowed me to report. The case was also seen by Dr. Reddy:—

J. McD., aged about 50, of a debilitated constitution, had suffered some time previously with some small boils on his body, which were absorbed. An abscess occurred in the axillæ. He had been ill about eight days at the time of the consultation of Dr. Duckett, Dr. Reddy and myself. There had been a sub-acute inflammation of the knee-joint and swelling of the