

body is exposed, or by the use of a sunshade. If at any time the high temperature causes discomfort, then the patient should be carried into the shade. Also, at the commencement, the length of time during which the patient is exposed should be so graduated as to prevent undue sunburn. The time of exposure from day to day should be so managed as to bring about a condition of the body which will not permit burning. This may sometimes be avoided by keeping a single sheet covering the part, and the length of exposure thus be increased. The patient should at times lie upon the back, and after exposure in this way, should be turned upon the face, so that all parts may be reached by the direct rays of the sun.

The treatment by tuberculin has been employed to a moderate degree, but, within the limit of the writer's observations, it is doubtful whether it has been effectual in producing any improvement.

In the way of local treatment, the securing of rest is the most important indication, and this can be obtained more effectually in recumbency than by the use of any portable apparatus. When the recumbency meant confinement indoors, then the rest and quietness of the joint were secured at too great an expense. If the choice must be made between recumbency in bed and in a house, and an ambulatory treatment out of doors, the choice certainly is in favor of the ambulatory treatment. The best elements, however, of the two methods may be employed. In recumbency, the patient is kept upon a very simple cot, known as the Bradford frame, which consists of an oblong, rectangular frame, probably about a foot longer than the patient's height, and varying in width from 11 inches to 14 or 15 inches, according to the size of the patient. This is covered with a sheet of canvas, which is thrown across the frame and laced tightly down the back or bottom side. This forms a comfortable support upon which the patient reclines. At either end is placed a bracket or rod convenient for attaching straps for extension and counter-extension. It is our custom to keep the patient continuously recumbent on such a frame, not permitting the patient to rise from it, not even to the sitting posture, at any time. This is continued for many months without interruption. When necessary to use considerable covering, it may be wrapped directly around the patient and the frame, and secured by safety-pins. It is easy thus to protect the body, even during the coldest weather. A protecting cage should be thrown over the feet to prevent the weight of the bed clothing from resting upon them, causing a condition of equinus, or producing undue rotation of the limb, thus avoiding needless deformity. Also, a small pad or pillow should be placed under the knee, so as to maintain a few degrees of flexion. This adds greatly to the comfort of the patient and