

straining, the limb in its weak state was forced forwards into the rare position, of which a good idea is obtained, from the photograph taken prior to the operation being performed.

This case came under my charge for the first time on the 17th May, on which date he was entered as a patient in the General Protestant Hospital. A consultation of the medical board being convened, excision of a wedge-shaped piece of bone from the joint posteriorly, was decided upon as being most judicious; the parents however were firm in their resolve, in consequence of which, I was obliged to amputate at the lower third of the thigh, much contrary to my wishes. The operation was performed after the usual manner and at the end of the fourth week cicatrization was complete.



*Examination of joint.* The structures surrounding the joint appeared perfectly healthy, presenting no unusual induration or adhesion, excepting the alteration in the ligamentous connection, which was entirely monopolized by extensive ossific deposit. The anterior portion of the condyles rested upon the anterior portion of the head of the tibia, the whole interspace posteriorly being filled up by perfect ossific deposit, possessing great strength and firmness, so perfectly moulded and compactly set, as to its cancellated structure. Dimensions of joint considerably increased. Patella dislocated outwards and ankylosed to the outer surface of the external condyle. Head of fibula intact. During a period of at least two years, the limb has been sufficiently strong to support the entire weight of body, which was accomplished by bringing the foot downwards and backwards at the same time flexing the sound limb almost to a right angle, thus forming, by this position of the limbs, a perfect quadrangle.

*Remarks.* The pathological conditions involved in the above case render it of particular interest. Prior to so abnormal a position taking place, there must