is removed, which is of great moment, more especially in a case like that of No. 3 of this series, as in this man the development of the limb had been arrested, and there existed at the time of the operation some three inches of shortening.

Another advantage to be gained by this method of removing the diseased bone is that you secure a wider extent of surface, and furthermore from the peculiar shape of the cut surfaces there is less chance of displacement of the bones from contraction of the hamstring muscles, unopposed by the quadriceps extensor which has been divided. In the three cases reported it was with difficulty that the bones were retained in position, as in all there was a constant tendency of the thigh bone to be displaced upwards. Another advantage is that which has already been alluded to, viz., the saving as much as possible of the epiphyses of the bones in a growing individual, and it was with this end in view that I was induced to perform the operation as described in this case.

The following wood cut gives a very fair representation of the bones.

Dr. HINGSTON would like to ask the operator upon what he grounded his belief in the existence of disease sufficiently extensive to warrant his excising the joint in the third of the cases reported. In that case, according to the record, there was no pain and no sinus or external opening; he would ask, therefore, why might not tenotomy and *brisement forcé* have been first tried, having recourse to excision only as a *dernier resort*? The length of time for which the disease had lasted need not preclude this, for he had himself performed the minor operation in a case in which the anchylosis had existed for sixteen years.

Dr. TRENHOLME would ask if Parke's semi-lunar incision had ever been contemplated as capable of improving the operation. It was explained that in two of the cases reported there was considerable disease of the patella, which of itself would entirely preclude the possibility of this modified proceeding.

Dr. GIRDWOOD thought the concavo-convex section of the bones as practised by Dr. Fenwick was decidedly advantageous, as owing to the peculiar manner in which the bones were thus fitted together, there was very much less risk of displacement, owing to contraction of the muscles, than after the old plan when the bones are sawn quite transversely.