

October, 1889, the patient in falling from a scaffold injured the right knee, but no special treatment beyond a few days' rest was required. In 1890 by another accident the same joint was severely wrenched and at this time blisters were applied—Recovery was tedious and imperfect the joint being tender ever since. In November, 1896, the same joint was again injured, and since then the patient has been under medical treatment, rest and the usual constitutional remedies being employed. In January last, injections of iodoform emulsion were made at intervals of a few days into the inflamed joint.

On admission the right knee joint was found to be swollen and presenting to the touch a boggy feeling most marked over the tuberosity and inner border of the tibia. Patient suffered very much, the pain being greatly increased upon any motion of the limb. The circumference of the diseased joint was  $1\frac{1}{2}$  inches more than that of the corresponding joint. The whole limb was atrophied to a considerable extent from disuse and held in a position of semi-flexion.

The patient's temperature on admission was  $99\frac{3}{5}^{\circ}\text{F}$ , and was found subsequently to vary between normal and  $101^{\circ}\text{F}$ —Pulse 80 to 98—Respiratory and digestive systems were found to be normal. A diagnosis of tubercular disease of the knee joint with caseation and abscess formation was made and early surgical interference was considered to be a necessity. Some delay was occasioned in obtaining the consent of the patient and his friends, and meantime the limb was placed on a posterior splint and a moderate amount of extension applied.

The question of excision or amputation was readily solved by a skiagraph taken by the Medical Superintendent, Dr. Third, which shewed extensive disease in both the femur and tibia, extending fully 2 inches beyond the joint line in either direction. It was therefore explained to the patient that amputation of the femur well above the disease was the only course to be followed, and the operation was performed on March 18th by antero-posterior flaps, the femur being divided about 4 inches above the joint line. Examination of the diseased area shewed the correctness of this procedure as outlined by the skiagraph.

The report of the pathologist is as follows :—

On opening up tissues about knee a cold tracking abscess was found leading downwards for about 3 inches from the joint line on the anterior and outer aspect of the leg, involving superficially the anterior tibial muscles.