

assistance ; for, so sure as the heel is *prevented descending*, and the limb is *relieved of its weight-bearing office*, the leg will undergo contraction, and the limb will not acquire strength and firmness.

The operation succeeded well ; and, before the patient left Montreal, she could walk out in the streets. She has gone to a daily school since her return to the country, and, with the aid of a cane, can now walk a considerable distance. This improvement has been effected, *Le it observed*, in a limb that was considered irretrievably deformed and useless, and by means, simple, safe and painless.

CASE IV.—*Anchylosis of Knee Joint from Necrosis of Tibia. Extension.*

A boy, aged 13, was admitted into St. Patrick's Hospital, under my care, Sept., 1855. He had suffered from necrosis of the tibia for two years previous to admission, which had terminated in anchylosis and partial dislocation outwards and backwards of the tibia ; the leg being fixed at an angle of about sixty, as regarded the axis of the femur. As there was a large sequestrum to be removed, I had planned to excise it before making efforts to remove the deformity of the leg, when the patient was suddenly attacked with acute pericarditis, and was so feeble on his recovery that I gladly consented to his mother's request, to delay operating until such time as his constitution had been restored by country air and good diet. It was not, however, without self-reproach that I contemplated his condition ; for the disease of the joint was so extensive, the necrosis so far advanced, the sequestrum apparently so large and difficult of extraction, the leg so twisted and flexed on the femur, and the constitution of the boy so much injured by long suffering, and apparently so little capable of restoration, that I blamed myself for not amputating at the thigh and saving the patient so much pain, and myself so much anxiety. But I was rewarded for my forbearance ; for the following spring he was brought to me, in a condition so healthy and strong, that we could hardly recognise him. The limb remained in the same state, but during the winter several large pieces of sequestrum had come away, and only two fistulæ, about the junction of the upper with the middle third of the tibia remained, from which small pieces of bone occasionally escaped. There was no pain in the joint, and attempts at flexion and extension caused no inconvenience. It is unnecessary to detail particularly the measures adopted to overcome the deformity ; they consisted in the application of variously constructed splints and apparatuses, the changing of which, from time to time, was required by the varying condition of the limb.