

kind in the ward up stairs, to which I intend doing something, in order, if possible, to restore some degree of mobility to the limb.

Of all the deformities that affect the human frame none are of more frequent occurrence than that of stiff knee; and it is of great importance that you should be acquainted with the different forms in which it is generally met with, the causes that commonly give rise to it, and the treatment best calculated to restore the usefulness of the limb, in cases where surgical interference is proper. There are two positions in which ankylosis of the knee generally takes place—the straight and the flexed position; the latter being a much more serious occurrence than the former, and much more frequently met with. When the knee is ankylosed in the straight position, its usefulness in locomotion is not seriously impaired, the greatest inconvenience being experienced when the person sits down, as he is then obliged to thrust the leg out in front of him; and this is often more inconvenient to those near him than to himself. You all know how awkward it is to have a person with a straight leg in an omnibus, or in any situation where room is of consequence; with this exception a person having a leg in this position gets on very well.

When, however, the knee is ankylosed in the bent position, it is perfectly useless, and the person has to walk on a wooden leg or pin attached to the knee, his leg projecting backwards at a right angle with the thigh; or if the knee is not flexed so much as this, he may limp very much, resting the toes on the ground, being unable to bring down the heel. In this position of the limb also the circulation becomes impaired to a certain extent, and the patient is liable to have chilblains, chronic ulceration, &c., consequent on imperfect nutrition of the leg.

Now, there are two forms of ankylosis which may take place in either position, these are, first, complete or osseous; and, second, incomplete fibrous and muscular.

In the first mentioned form, that of complete ankylosis, the osseous surfaces become fused together; the new osseous matter thrown out in the joint becomes cancellous in texture, and the line of demarcation between it and the ends of the tibia and femur is lost, the old and new bone becoming quite continuous.

When incomplete ankylosis takes place the knee is stiffened, but mobility is not entirely lost as in the complete form, the joints yielding to a greater or less extent when force is applied to it.

There are two forms of incomplete ankylosis, viz., the fibrous and the muscular, and the diagnosis between these forms is often difficult. The knee may be so stiff in some cases of the incomplete form as to