

and was tolerably active. This patient was seen again in August 1877, when the following condition was found: Her general health was very good; union of the bones was firm; all discharge had ceased; the leg was slightly bent, and she could sustain the weight of the body on the leg; muscular development was markedly in abeyance, apparently because the little girl was disinclined to use the limb, and she was very active on crutches. The limb was by measurement two inches shorter than its fellow.

Case XII.—J. B., æt. 38, farmer, was admitted into hospital April 5th, 1877, with chronic disease of left knee-joint. Family history good. No history of tubercular, scrofulous, or rheumatic taint, up to commencement of present affection. Seven years ago enjoyed perfect health. At that time after working in cold water, the left knee became swelled and painful, particularly at night. The swelling was evidently synovial. Was not confined to bed, but has gone about ever since that time, though somewhat lame. At times after any slight injury the joint would become more painful. It was more swollen than it is now. Since last spring he has been unable to walk without crutches. He has had starting pains in the joint at night for the last year, and the same pain was produced by any jarring of the joint. There is great thickening about the joint. Circumference of the leg over the middle of the patella is $14\frac{1}{2}$ inches, of the sound knee $13\frac{1}{2}$. The patella is fixed. There is very little motion of the joint possible. The limb cannot be straightened entirely, and scarcely flexed beyond its constant position. By flexion a grating sensation can be got. There is no pain when the joint is at rest. The muscles of the thigh are much wasted. The patient's general condition is good. No disease can be detected in any of the organs. Urine is clear and of normal appearance, acid in reaction sp. gr. 1020. No albumen or sugar. Excision of the joint was performed by Dr. Fenwick on April 11th. The limb was put up on a gutter splint moulded around the buttock so as to fix the pelvis as much as possible. A drainage tube was put through the wound. The incision healed by the first intention. The stitches were removed on the 9th day. There was a moderate degree of inflammatory fever with a rapid pulse, ranging from 108 to 124 till the 15th day, when the temperature became normal and the pulse 92. The temperature remained normal for three days, when after a chill it ran up to 102° . After this till the 1st of June there were fluctuations from high to low temperatures with occasional chills, and a