must also be decided. Among them, are the following:

a. Should one, if he be an advocate of the open operative treatment, operate on the day or on the morrow of the infliction of the injury, or should he wait till the soft tissues have recovered from the immediate effects of the traumatism?

b. What should be the nature of the anæsthetic employed? Local, lumbar, or general anæsthesia?

c. Should the operative field be rendered bloodless by the employment of an Esmarch bandage?

d. By what type of incision is the operator best enabled to perform the repair work which he deems appropriate and necessary?

e. It is advisable in operations for fractured patellæ to irrigate the articulation? If so, with what fluid, an antiseptic solution, irritating or non-irritating, or merely a cleansing agent, such as normal salt solution? Or is the mere sponging out of the extravasated liquid and clotted blood, from the synovial cavity productive of the most satisfactory results?

f. Should non-absorbable, or absorbable, suture material be used? Are there any valid reasons for discarding non-absorbable suture material?

g. Shall the completely detached bony fragments be removed?

h. Shall the articulation be drained?

i. Shall the peri-articular tissues be drained?

j. What should be the duration and the nature of the post-operative treatment?

"Is the patella essential to the functional integrity of the knee-joint" can be answered as follows:—

A careful study of the reported cases, amply justifies the statement that congenital absence, unilateral or bilateral, of the patella, is always associated with some impairment of the functional integrity of the anatomically defective knee-joint or joints (I a, b, c, d.). This impairment in some cases is very slight; in other cases, it is considerable. In some of the reported cases we find mentioned, as contributory factors to the disability, one or more of the following conditions:—Faulty insertion of the patellar tendon, subluxation of the knee, hyperextension of the leg on