—the muscles on the affected side were not as well developed as on the sound limb, and the joint was much enlarged, being, by measurement, an inch and a half larger than the other knee. Active treatment was adopted, and the limb put on a double inclined plane, this afforded temporary relief.

On the 1st May, the patient came under my care. I continued the treatment up to the 15th, but finding that the man's health was beginning to suffer from the confinement and pain, consequent on the starting of the limb, and want of rest, I removed all bandages and made a careful inspection of the joint. The condyles of the femur were found expanded the synovial membrane felt thickened and pulpy, and on moving the patella in lateral, or rotatory motion of the joint, a distinct roughness was found to exist. This examination was accompanied with considerable pain which continued for some hours. In consultation with the medical staff of the Hospital, it was decided to excise the joint, which operation was performed on 17th May. The disease being on the left side, the operation consisted in making a U shaped incision from the outer side of the leg commencing a little above the head of the fibula, and with a semi-circular sweep, the joint was opened, the flap was dissected upwards and the heads of the bones, being turned out about 1½ inches of their anticulating surfaces were removed, a second slice had to be removed from the head of the tibia as that bone was found diseased. The femur was also found in a diseased condition, but not extensivley so; the cartilages were eroded and gone, and the articular surface of the patella being also diseased it was removed. Several small vessels had to be ligatured; the bones were placed in apposition, the flap turned down, and secured by eight silver sutures, the leg placed in a box splint, similar to that recommended by Mr. Butcher, carefully padded, and the patient removed to bed; ℥j of tinc. opii. was ordered to be given as soon as he recovered thoroughly from the chloroform, as much vomiting and nausea existed; however the anodyne was not taken until about six in the evening, when I saw him myself. He was still suffering from a sense of nausea; said he had no pain in the knee, but a feeling of soreness in the vicinity of the wound; had not taken any nourishment, but experienced thirst; was allowed weak brandy and water, of which he partook sparingly; pulse 100, and weak; appeared rather dull, somewhat like a person recovering from intoxication. Cold water dressings were applied to the wound, and the anodyne was ordered to be repeated during the night, if necessary.

May 18.—Slept a little during the night; feels squeamish; has taken beef tea at intervals; pulse full 110. Complains of pain in the wound; the anodyne to be repeated at night.