

examining with a probe, bare bone was found. He was anxious to submit to any operation to save the limb. In consequence of being obliged to leave the city on business, the operation was deferred until the 21st June, 1866. The case progressed favourably, and he left the Hospital with a useful limb; six months after the operation, I submit two photographs, the one taken prior to the operation, the other after his recovery. I may state that this man visited Montreal, in 1868, and at the time he walked without a stick, and could run and jump; there was very slight halt in his gait; the shortening was fully two inches; I regret that in both these cases the bones removed have been lost. In the other two cases which are still under observation, I have the bones and submit them to the meeting.

The third case was that of a young man who had suffered from rheumatism in early life. On admission the leg and thigh were found undeveloped; there was partial ankylosis; the leg was bent at right angles, and there existed shortening, by measurement, of about three inches. The limb was quite useless to him as a means of progression, and he walked with a stick; his gait was awkward and irksome, and he was anxious to submit to anything which would hold out a prospect of relief. I am indebted to Mr. John H. Mathieson for the notes of this case.\*

In the fourth case the operation was performed on the 21st December last. The patient, a boy of fourteen years, had been a sufferer with a bad knee, to use the expression of his mother, since his fourth year. When first admitted, in October last, the leg was semi-flexed, exquisitely tender, he would cry out if the bed was touched; he presented a careworn, exhausted appearance, and the knee was very much larger than its fellow, but he did not bear handling much, as it gave great pain, which lasted for hours.

There was considerable effusion into the sub-crural pouch of the synovial membrane. Under these circumstances I placed the leg at perfect rest in the extended position, retaining it there on a well padded McIntyre splint; this had to be done under chloroform, and while he was fully under the influence of the anæsthetic I availed myself of the chance of examining the joint, when I found thickening of the tissues around the joint and marked roughness, as though from erosion, of the cartilages, both between the ends of the bone as well as between the patella and anterior surface of the condyles of the femur. The subsequent treatment consisted in absolute rest, good nourishment and warm

\* The report of this case appears in this number of the journal under the heading of Hospital Reports.