the joint in the stitches which unite the skin wound, as the skin is liable to be dragged in and the edges displaced, thus interfering with primary union. It is also important that the edges of the capsule and the fibrous expansion of the muscle should not be united, as any effusion into the joint cavity after the operation would thus not be pent up, but escape into the areolar tissue around and become more rapidly absorbed, and should even any pus be formed, it would be more easily evacuated. Sayre, in his recent work on "Joint Diseases," states as his opinion that exsection of the knee-joint is attended with considerable danger, and in many instances you may justly hesitate before resorting to the operation. Mr. Bryant, in a lecture at Guy's Hospital, published in the *Lancet*, "On the least sacrifice of parts as a principle in operative surgery," states: "I trust that this series of "cases is enough to demonstrate with sufficient clearness, the value of "the practice I am now inculcating, and to show that in a large "number of cases of disease of the joints, a cure may be secured by a "simple incision into the affected joint and the removal of the necrosed "bone. The series includes examples of disease of the shoulder and "elbow, hip, knee and ankle and great toe joints, and I do not think "I should be far wrong if I were to express my belief that in many "cases, if not in all, many surgeons, more particularly those who are "advocates for excision, would have excised the joints, and some few, "would have amputated. In the treatment I am now advocating, the "surgical proceedings are simple and are attended with a minimum "of danger. The success of the practice I have recorded was great." The opinion of Mr. Bryant is one founded on large practical experience and is certainly worthy of the fullest consideration, when such trying cases present for surgical interference and treatment.