

could bear the stretching for six hours without a murmur. On my next application of the instrument, I had the joint surrounded with cotton wadding, and whilst the limb was kept extended, I applied a starch bandage around the joint, so that when the apparatus was removed at the end of six hours, the bandage had become dry, and a strong mould surrounded the joint, and thus retraction during the night was prevented. By these means, *i. e.*, by daily extension, by the apparatus, and by retaining the joint in its stretched position during the intervals by the starch bandage, the greater portion of the foot was brought to the ground in a week, and he was able to walk across the ward without the aid of a stick, although on his admission he could not move without a crutch and a stick. The improvement continued for the next week, when he was discharged, with directions to present himself occasionally at the hospital.

June 10th.—His parents being anxious he should go to school, prefer keeping him at home during the remainder of the treatment. His health is much improved, he can walk about and play with his school-fellows, and with the assistance of an instrument which is being constructed, I have every reason to believe that the dislocation of the tibia will be overcome, and the limb rendered still more useful.

CASE III.—*Anchylosis of Knee Joint, with Partial Dislocation of Tibia backwards, Gradual Extension, and Division of Tendons.*

A young lady was brought to me from a town in Lower Canada in September, 1855, labouring under the effects of disease of the right knee joint, of two years standing, which had ended in ankylosis, and contraction of the limb. The joint presented the usual appearance of partial dislocation of tibia backwards; the leg was not twisted on the thigh, the foot being in a right line with the axis of the limb. There was still a good deal of tenderness about the joint, and a puffy swelling under the patella was very painful to the touch, and was frequently the seat of pain at night. The leg was bent at an acute angle on the thigh, the heel and foot protruding upwards, and backwards; so that she was obliged to sit on the edge of a chair, as only one natis could be pressed upon. She was also suffering from chronic bronchitis. I commenced treatment by efforts to subdue the existing inflammation, and was so successful after three weeks attendance, as to be able to handle, and gently extend, the leg, without causing any pain; although I met with unusual difficulty from the disinclination manifested by the patient to having any plan of treatment pursued. As my patient was staying with relatives, there was no urgent necessity for adopting any rapid method of treatment; and