dangered. In the year 1830, a young gentleman, about thirteen years of age, came under my care. He had just returned from Paris, where he had had an attack of inflammation of the bone and periosteum of the tibia, for which he had been under the care of the late Baron Dupuytren. The inflammation terminated in necrosis. I removed some portions of dead bone, others exfoliated without any operation, and for three or four years pieces of bone continued to come away, none of large size. Among the sinuses that were open, there was one a little below the knee-joint; I could not ascertain whether bone had come from it or not, but it closed, and the patient appeared quite well. In the year 1835 or 1836, however, I was consulted by him again, on account of some pain in the upper end of the tibia. Whenever he walked, the knee-joint swelled, becoming full of fluid. I applied a splint, kept him quiet, and he seemed quite to recover. I then left off the splint, and allowed him to walk about as usual. The result was, that in the course of two or three days the knee was again filled with synovia. On a blister being applied, the fluid was again absorbed, then reappeared again on exercise. Taking these circumstances into account, and remembering that there had been pain for some time in the upper end of the tibia, and formerly a sinus leading to the centre of the bone, I thought it very probable that the knee-joint was only occasionally affected in consequence of some disease in the neighbouring portion of the tibia. Mr. Keate and Mr. Liston saw the patient with me, and agreed in the opinion that it would be prudent to perforate the head of the tibia with a trephine. Finding, as well as I could, the most tender spot, I performed the operation, and out gushed three or four drachms of matter. There was no pain afterwards; the wound gradually contracted and healed, and now, when the patient walked, there was no swelling of the knee. The operation was performed in 1837, and I have seen the patient occasionally ever since, and know that he has had no return of the complaint. But is it possible to doubt that, if the state of things I have described had gone on, the knee-joint must have been destroyed? What would have happened if recourse had not been had to the operation? A case occurred in this hospital, not exactly similar, but sufficiently so to enable me to answer this question. A man of the name of Hendrow was admitted, in February, 1837, with the upper end of the tibia enlarged just below the knee-joint. There was an opening leading down to the centre of the bone, and a probe passed into it came in contact with a piece of bone that appeared to be dead and loose, so that it was plain that a piece of bone in the centre of the tibia had exfoliated and formed an abscess, which had afterwards made its way externally. But that which renders the case interesting as connected with the present inquiry is this, that whenever the patient took exercise there was an accumulation of fluid in the knee-joint, just as in the last case. The swelling disappeared on the joint being kept quiet; and the motion of the joint was perfect, or nearly so. It seemed plain that there was a piece of dead bone in the centre of the tibia, which was somehow or other doing mischief to the knee-joint. The course to be pursued was evident. I applied a trephine so as to enlarge the opening through which the probe had passed; it penetrated into a cavity in which there lay a piece of dead bone, about the size of a horse-bean, which was at once removed. Unfortunately, the poor fellow, whose health had been in a bad state previously, had an attack of erysipelas, and died. I took particular care to examine the knee-joint, and I have the notes of the dissection before me. The whole upper part of the tibia was increased in size from a deposit of scabrous bone on the surface. The cavity from which the dead bone had been extracted was of the size of a large cherry, had a smooth internal surface, the bone around it being somewhat harder than natural. From this a sinus extended up to the knee-joint, and opened into it just at the anterior part of the spine of the tibia. There was no suppuration in the joint. The cartilage covering the head of the tibia in some places remained perfect, but only in narrow stripes; in other parts it had degenerated into a substance something like condensed membrane; in others the only vestige of it was a thin membranous substance—so thin that you could see the bone through it; and in others the bone of the tibia was completely exposed, but not carious. The bone of the tibia was harder and more compact than under ordinary circumstances. It was curious that the condyles of the femur had suffered also, though in a different manner. The bone, instead of being harder, was softer than natural, so that you might cut it with a knife. The cartilage adhered imperfectly to the bone; it could be peeled off, and in some places it had begun to ulcerate. The softening of the condyles of the tibia I have no doubt was the consequence, and not the cause, of the disease; for, you will observe, that all bones in a state of inaction lose a great part of their phosphate of lime. After compound fracture, when the patient has been long confined, the bone will actually become as soft as a scrofulous bone, so that you may cut them with a knife.

The three last cases show that it is not safe to leave an abscess in the lower end of the extremity of the tibia beyond a certain time; that the joint is always in danger, and that the perforation of the bone is the only remedy. Even if you were mistaken in your diagnosis no harm can arise from the operation. Nay, it is a question whether good may not arise under certain circumstances from taking away a piece of bone, where there is chronic inflammation in it, even though there be no abscess. The following very remarkable case will illustrate this last observation:—A young gentleman, who lived at Brixton, was brought to me by Mr. Crowdy, a practitioner of that place, with violent pain in the middle of one arm, the bone itself being enlarged in that part to which the pain was referred. Some remedies were tried, which I need not enumerate, without any benefit. The pain continued, and I began to suspect that there might be an abscess in the centre of the bone. Under this impression I proposed cutting down upon it, and making an opening with the trephine, so that I might remove the matter, if there were any there. The operation was performed; the trephine penetrated to the centre of the bone, but no matter escaped. I persevered, but still there was no matter, and at last the instrument penetrated completely from one side of the bone to the other. The bone was very hard and compact, and it was as much as the trephine would do to run it through. I thought that I had made a blunder, and that there being no abscess the operation would not be attended with any benefit. The next morning the patient had an attack of pain almost as severe as before the operation, but it did not last long, and he never had any pain afterwards. The wound healed, the relief was complete, and I heard of the patient not long ago as having continued quite well. I presume that this was a case of chronic inflammation of the humerus, and that taking out the piece of bone from the centre, probably partly by relieving the tension, and partly by a discharge of matter from the bone, unloading the vessels, accounted for the relief which the patient obtained from the operation. *London Medical Gazette.*

History of a case of ligature of the left subclavian artery between the scaleni muscles, attended with some peculiar circumstances. By J. C. Warren, M. D., Professor of Anatomy and Surgery, in Boston, U.S.A., Honorary Fellow of the Royal Medical and Chirurgical Society, &c.

The author remarks that the history of an operation for the ligature of the subclavian artery would seem scarcely worthy the attention of the society. This operation has