the chances would be more favourable from resection, as likely to produce less shock to the system than amputation. The joint was accordingly excised, and about 2½ inches altogether of the surfaces of bone were removed. The disease had commenced in the cartilages and had produced pulpy thickening of the synovial membrane, with gelatinous degeneration of the immediately contiguous parts. As the joint was opened, pus flowed out, the parts fairly smoked from the heat, and the case really looked a most unpromising one. Scarcely any blood was lost. A large abscess that burrowed at the back of the thigh was laid open, and thoroughly emptied of pus. The patella was removed although not diseased, but the practice now is to take away that bone. A semilunar (and not the usual-) incision was employed in this case. The limb was carefully put up on a proper splint, the cut surfaces of the bones were adjusted, the wound closed by sutures and the patient sent to his bed.

This was a case fairly to test the merits of excision. From the man's very low condition, I felt satisfied that he could not live 12 hours after amputation, so much was he reduced. Nor did I expect more favourable results from the plan selected. To the astonishment however of every body, he commenced to rally from the very hour of the operation, and has completely recovered from the effects of his lately diseased knee, and is going on admirably. People require to see such cases as these, to become convinced of the value of resection,—of the knee-joint especially. Those who are opposed to this operation are surgeons who have neither seen it performed, nor watched cases in which it has been done.

On the same occasion another knee was excised, which no doubt many surgeons would declare to be a most unwarrantable proceeding, but it reminds me of the old adage that "the proof of the pudding is in the eating," for a good recovery was made. The patient was a pale, delicate-looking being 13 or 14 years of age with anchylosis and enlargement of his left knee-joint from old disease. The anchylosis was partly osseous, and the limb was in a faulty posi tion. There was no break of surface, no suppuration, nor indeed any active symptons beyond pain, uselessness, and consequent constitutional depression. Mr. Bowman excised the joint, and in doing this he was enabled to break up the adhesion between the tibia and femur, but not between the patella and the femur, which had become firmly united by bone. The condyles of the femur and patella were therefore removed together, and afterwards the upper end of the tibia. The cartilages of the joint were all absorbed. This boy went on equally as well as his predecessor, and will recover with a good and useful limb, one that will permit him to grow up a healthy strong man, able to walk and run about like other people.

No one has pursued the subject of excision with more energy than Mr. Jones of Jersey, who has excised every joint of the body, including even one of the spine. Its novelty has now worn off, and the operation is resorted to upon all the joints, in cases that demand it. An amputation of the arm, for disease of the elbow, even of considerable extent, is really a most serious matter, and surgeons must reflect well before they resort to it. I have seen elbows apparently hopelessly gone, and excision has been tried as a mere experiment, and yet the arm has been saved.