in time most of the functions of the external popliteal nerve. When he stands up, you can see how firmly he can come down upon the foot; he has firm, bony ankylosis; and the case illustrates how much can be accomplished in tuberculous trouble in the knee joint; he will have a good, useful limb. Sensation has returned, but he cannot extend the toes.

The second case exhibited was that of a boy about eight years of age, and was one of those cases where there is tuberculosis of the synovial membrane, and apparently confined to the membrane; no disease in the joint itself. This had become progressively worse, and he had been under treatment for considerable time—rest, extension, etc., but did not improve. In May, 1898, the surgeon performed the operation of erasion, as described by Mr. Cheyne, viz.: An H-incision, two vertical, an outer and an inner incision and a cross incision. The patella was sawn across and two flaps turned up and down, thus exposing the whole of the joint without any difficulty. The synovial membrane was pulpy and very much thickened, to the extent that it was impossible to make a clean dissection of the anterior part of it. The specimen was shown to the Fellows. The lateral ligaments were examined and tuberculous disease found there and the greater part of the crucial ligaments were also destroyed. The joint was thoroughly cleaned out, as regards the tuberculous disease. Then the wound was stitched up and plaster-of-Paris splints put on. The first dressing was done six weeks after, the splints removed and the stitches taken out; the wound had healed by first intention. It was kept in plaster for considerable time, and now the boy is going about having a good use of the joint. Dr. Primrose had expected ankylosis, but the boy has a good degree of movement. He can walk wonderfully well, which is an interesting feature in the case. The limb on the affected side is half an inch longer than that on the sound side. This the surgeon thought to be due to irritation at the line of the epiphysis, causing increased growth not going on to disease or destruction. This is an extremely interesting point in this case. Speaking again on the first case, Dr. Primrose stated there never were any reactions to galvanic electricity. It reacted to faradic electricity readily.

DISCUSSION.

DR. BINGHAM thought that Dr. Primrose ought to be congratulated on both results. In the first case he would have been tempted to perform an amputation at once. The fact of having secured such an excellent result by incision should be encourage-