

position upon the bed, while the left was slung so as to remove the weight of the limb. Chloroform was administered by Mr. Clover, until the action of the voluntary muscles was entirely overcome, when the limb was raised by Dr. Gibb until the adhesion was made perfectly tense. The patient being thus placed, the limb was in a condition to be acted on. I placed my right hand behind the lower end of the femur, and using very moderate force, and with one hand only, I made an effort to flex the limb. The adhesions yielded almost immediately, with a loud snap, almost like the fracture of a bone, and the motion of the joint was forthwith free. The joint was perfectly smooth, and the limb could be flexed and extended, and rotated inwards and outwards.

There was no pain in the operation, so that our patient could not for, some time, be persuaded that anything had been done, and could only be convinced of it by being allowed to move the joint. This he did readily, and immediately flexed the limb considerably, and without assistance turned over on his side; a feat which he had not been able to accomplish since his hips had been ankylosed."

At a subsequent consultation it was decided to divide the tendons of the biceps and semi-tendinosus and semi-membranosus muscles for contraction of the left knee. This operation was performed, the patient having first been put under the influence of chloroform, and afterwards gradual extension was employed. When we stated that Mr. Broadhurst's reputation for the treatment of ankylosis rested on the success of his hip-joint cases, we expressed our honest opinion, for we do not see where there is originality in conception, or unusual success in the treatment of ankylosis of the other joints, that he should have considered it necessary to introduce some of the cases he has related in his book. Most of them were such as hospital surgeons are in the habit of treating daily, without thinking they are doing anything wonderful or unusual; and we certainly were surprised to find such examples as Case xix, headed *Rheumatic Inflammation of the Temporo-maxillary articulation—Intra Capsular adhesions—Gradual extension*. This case is detailed at great length. We have often met with such, and one lately under treatment we have placed under the care of a careful nurse-tender: we should never think it worth recording in an octavo volume. The same remark applies to case vi. *Urethral rheumatism—Ankylosis of the Shoulder—Extra Capsular adhesions—Restoration of Motion*. And case v. is that of a young man who contracted gonorrhœa, some time after he suffered from inflammation of middle-joint of ring finger, which ended in a stiff-joint. The flexor tendon was divided, and the finger straightened. Even granting that the articular disease was of a gonorrhœal nature, which we are not prepared to admit, it was hardly worth while inserting such a case in a tome on ankylosis. There is throughout the treatise of Mr. Broadhurst a silence concerning the writings of such men as Little, Tamplin, Erichsen, and others of his confrères. The writings of Little are the most complete in the English language, and Tamplin's treatise has long been a guide to the general surgeon. The works are well known, and the writings of their authors should not have been ignored. They possess a decided advantage over Mr. Broadhurst's treatise, in the number and accuracy of their illustrations, the absence of which we consider a great fault in the work before us.