hæmorrhage set in. At the afternoon visit, I found that the child would not retain the iron, on the stomach, so reduced the dose to half a drop every hour. Hæmorrhage had again recurred from the nose, and the gums were bleeding freely, having commenced when the child was at the breast. Upon examining them, I discovered two teeth in the lower jaw—one partly through the gum, the other nearly through. The bleeding could not be located to any particular spot, but seemed more like oozing from the entire surface. Very small doses of tea and brandy were ordered.

At 7 p.m., there was not any improvement; hæmorrhage still recurring, and patecheal spots are larger and more numerous. Was obliged to discontinue the iron, as even in doses of half a drop, the stomach would not bear it. Although the child still took the breast, it was showing evident signs of weakness.

1 a.m. Blood is coming from nose and mouth, and there is considerable oozing from the tip of the right ear, and from the left meatus; stools are bloody in character; skin almost livid; and the child is evidently sinking. This condition of matters continued all the night, and a few minutes before my morning visit the little thing died, evidently from exhaustion.

I have called it a case of acute purpura; for it seems to me to bear all the characters which we would associate with an acute attack of purpura hæmorrhagica, and is exceedingly interesting to me, as I have been unable to find in any work upon diseases of children, any record or any description of a similar case. The history of the mother, as regards her mode of living, points towards the diagnosis I have made, as she informs me that during the four last months of her pregnancy, she very seldom tasted animal food.

The mother made a remarkably good recovery, being up on the tenth day, without a single untoward circumstance having occurred.

Two years and a half in a London General Hopital. By G. F. SLACK, member of the Royal College of Surgeons, London, late House Surgeon Charing Cross Hospital.

(*Number three.*)

The first surgeon in England, who performed the difficult operation of excision of the ankle-joint, was Henry Hancock, senior surgeon of Charing Cross Hospital, and President of the Royal College of Surgeons, London. In a course of lectures delivered some years ago before the Royal College of Surgeons, he explained his mode of performing this operation, the success he had achieved, as well as his ideas after many years experience on the different operations upon the foot. His plan of excising the ankle-joint is as follows: Lay the foot on its inner side; make an incision along the posterior border of the lower end of the fibula, passing below the malleolus and curving slightly forwards for about three inches; the fibula is then divided by cutting pliers about two inches up and the lower part carefully dissected out. In the next step of the operation turn the foot on its outer side and make a similar curved incision around the inner malleolus, keeping the knife close to the bone, then carefully divide the internal lateral ligament. By turning the foot outwards the upper part of the astragalus can be sawn off. The lower end of the tibia is removed by introducing a narrow-bladed saw, being careful not to cut too far, on account of the structures lying behind. The external wound is brought together with sutures, leaving an opening for discharge. The limb is then bandaged to a back splint with foot-piece. Additional steadiness may be attained by the use of side-splints fastened to the back-splints with straps. Lint soaked in a solution of carbolic acid forms the usual dressing, for a time at any rate. Cases, where this operation is called for, do not often occur, but when they do they are very successful if proper care and attention is shewn in the after treatment. It is seldom that the disease is limited to the lower end of the tibia and upper part of the astragalus, the whole of the latter bone being usually implicated. In persons of a scrofulous constitution, excision of this joint will prove even less successful than of the hip, and excision of the hip in such cases can hardly be called a successful operation. The following case is a good instance:—

A man of decidedly scrofulous constitution, thirty-five years of age, formerly a sailor until disabled by disease of ankle-joint, was admitted with a view to operation. Eight years before he had fallen and sprained his ankle; since that time it had gradually gone on from bad to worse, until he was unable to put his foot to the ground. The tissues about the joint were very much thickened and of a dusky red hue. There was an opening on the outer side of the joint, which discharged freely. No pain, general enlargement of glands about the body, slight cough. The joint was excised in the manner described above. For two months the case went on remarkably well, the swelling subsiding, the discharge decreasing. From this time, however, slowly but surely, the limb began to assume the same appearance it pre-