

ease of the knee joint, there was no dislocation. As he was very anxious to return to the country, I had an instrument applied at once, and found that considerable extension could be made without giving any pain beyond what he could easily endure. A sensation as if some tough membranes were gradually giving way, was evident to the patient and to myself. He was directed how to manage the instrument, and very soon, by extension alone, the leg was stretched so as to allow the descent of the heel to the ground. During the treatment, the knee was kept surrounded by a wet bandage, and the patient was encouraged to walk about the wards, whilst the instrument was applied. Being anxious to go to the States he left the hospital as soon as the above results were obtained. I advised him to wear a small slightly bent splint, fitting into the popliteal space, for some months after his return home.

In this case I was obliged to act with greater promptitude than I should have liked, yet the result was most satisfactory, for he remained only a fortnight in the hospital. An instance is recorded by Mr. Tumpkin, where a patient dreading expulsion from the hospital, for having resisted the surgeon in his efforts at extension, screwed up the instrument during one night to such a degree that he stretched the leg to the right position, from being bent almost at right angles with the thigh. In this case the tendon of the biceps was supposed to have been snapped across, by the forcible extension employed.

*CASE II.—Contraction of Knee Joint—Partial dislocation backwards of Tibia—Rapid Extension.*

A boy aged 12, of healthy appearance, was admitted into St. Patrick's Hospital under my care, March 10th, 1857.

He had suffered for the three years previous from disease of the left knee joint, which had ended in suppuration, and discharge of matter from one large orifice at the upper and inner side of the patella. There was no fluctuation in the joint, which was distorted from contraction of the leg backwards, with partial dislocation of the tibia in the same direction, there was a good deal of pain in the joint, and the least shock to the limb augmented very much his sufferings. He could hardly allow me to touch the limb. By rest, the internal use of cod liver oil, and iodine solution, and the constant application of a well adjusted wet bandage, all pain had disappeared at the end of a month, and I was pleased to find that I could move the leg, and handle the joint, without any uneasiness to the patient. Seizing upon this favorable opportunity, I applied an extending apparatus, and stretched the leg gradually, almost to a straight position. The patient suffered so little annoyance that he