

knee joint. He was treated by rest and the Thomas' splint; improved for a time, but during the next two months improvement did not continue and abscesses formed. He again came under the surgeon's care in February, 1899, and at that time he had sinuses in connection with the knee joint. One sinus existed in the popliteal space and one to the outer side of the joint, both discharging pus; and there was a great deal of thickening about the synovial sac of the joint. The operation was an extensive one. In the first place, the surgeon concluded that the best thing to do was, where one found the joint stiff, to attempt with a certain degree of force to break down the ankylosis, because ankylosis which occurs during the course of the disease of knee is usually not firm and readily yields. The surgeon exhibited specimen of bone removed, which consisted of the lower end of femur and upper end of tibia, each about an inch in length, and the posterior part of the patella. When broken down, it fractured obliquely, exhibiting a carious cavity showing tuberculous material. The operation was commenced with a U-shaped incision, the large flap being turned up, the joint exposed and the mass of diseased bone removed. Excavations were scooped out in both tibia and femur until healthy bone was reached. Then the operation was concluded by dissecting away all the tuberculous tissue about the joint. There was considerable bleeding after the operation, and the general condition of the patient was anything but satisfactory. The anterior wound healed up well. In order to secure union and osseous ankylosis, wiring was performed on one side alone, because of the lowness of the patient under the anesthetic. There is just the amount of flexion one would wish to have in these cases. There is firm ankylosis, so that he can put the foot firmly upon the ground. In December last, he had a sinus in the popliteal space and the surgeon determined to enlarge it. A small cavity in the bone was found which was curetted. The anatomical relations were fairly confused, of course, the external popliteal nerve being somewhere near. The sinus was stretched forcibly and the nerve was implicated, and an extreme neuritis was set up, with great pain on touching the sinus, and complete paralysis of parts supplied by this nerve. Subsequently this returned. He had reaction for faradic electricity. Whilst at first it took 25 milliamperes to cause any contraction, the muscles now react to less than 12; and from Dr. Dickson's experience that gradually decreases in the strength of the stimulus. This necessarily gives an extremely favorable prognosis, and in all probability he will recover.