

stantly surrounded with a wet bandage. The extension was carried to such a point that at the end of two months the arm was almost straight, supination and pronation, and a considerable degree of flexion could be performed, and she had recovered so much use of the limb, that she was able to take the situation of housemaid in a gentleman's family, and has since been living in a family as cook and housemaid. The muscles of the arm and forearm have become well developed, and are strong and firm, and she suffers scarcely any inconvenience. Whilst under my care I made her use the arm freely in sweeping and dusting the wards, and in sewing, so that when she left the hospital the limb had been accustomed to the sort of work by which she was to earn her livelihood. I may mention, *en passant*, that this young woman, a short time after leaving the hospital, called upon me to know if I would approve of her submitting to *excision of the elbow joint*, which a surgeon, anxious to flesh his maiden catlin, had kindly offered to do for nothing.

CASE VIII.—*Anchylosis of the right ankle, Pes Equinus—Cure.*

A healthy young man was sent to me, July 22, 1852, by a surgeon in Quebec, under the following circumstances:—He had been engaged in the timber trade four years before, when he received a severe wrench of the right ankle-joint, which was followed by inflammation, supperation and anchylosis. The foot was extended upon the leg, the tendo-achillia standing strongly in relief, and the heel so drawn up that the toes only touched the ground. The able surgeon who sent him to me had proposed dividing the tendon, and putting on an apparatus as in club-foot, but the private affairs of the patient called him to Montreal, and he was from this circumstance placed under my care. When I first saw him I had little idea that it was for an affection of the ankle he wished advice, for he was walking on a coarsely made wooden-leg, which was applied outside his trowsers, and the leg and foot projected behind. There was a good deal of tenderness around the joint, and two sinuses, one at each side of the joint, extended backwards under the tendo-achillis, from which a thin whey-like matter could be squeezed. I could not detect any communication with the articulating surfaces; but the hinge motion of the joint was almost lost. A probe coated with nitrate of silver was passed into the sinuses, and pressure subsequently applied along their course, by means of compresses and starched bandages. In a short time the sinuses healed, and I commenced flexing and extending the foot by simple appliances, the patient being made to leave off the use of the wooden leg which he had worn for nearly three years and a half; at first