

to the absolute dictam of some high authorities. Of course there was no bony union in this particular instance, but I think we may conceive that in a somewhat younger person and one possessing more vigor, actual osseous union might be looked for under parallel circumstances.

HOSPITAL REPORTS.

SURGICAL CASES OCCURRING IN THE PRACTICE OF THE MONTREAL GENERAL HOSPITAL, UNDER THE CARE OF G. E. FENWICK, M.D.

Case No. 6.—Excision of the Knee-Joint. Reported by Mr. J. H. MATHIESON.

William H., aged 23, fair complexion, red hair, was admitted into the Montreal General Hospital, May 23rd, 1870, with ankylosis of right knee joint.

Previous History.—He was bathing in a stream one afternoon, when eleven years of age, and remained in the water longer than usual. Felt no bad effects that night, but when he awoke the following morning his right leg was flexed nearly at right angles, and he was unable to straighten it, nor could it be straightened by the force employed. There was no pain—no abnormal sensation. A surgeon was consulted the same day, who then ordered a liniment to be applied, and afterwards proposed subcutaneous section of the ham-string tendons, but it was not consented to.

The leg is now flexed on the thigh at right angles. The bones of the leg are dislocated backwards; the condyles of the femur projecting and the patella is firmly attached by apparent bony union to the external condyle. The whole limb is very much dwarfed from arrested development; there is shortening of two inches in the thigh, and one inch in the leg. The foot is very much arched; the heel unnaturally long and projecting downwards; the toes, semi-flexed. He says he has never had any pain in the knee.

May 28th.—A consultation was held and excision of the joint deemed advisable; Dr. Fenwick, therefore, proceeded to operate. He carried a semi-circular incision from a point above the inner condyle, downwards and forwards over the lower border of the patella, and up on the outer side to a point opposite the place of starting. He then dissected the flap up, over the patella, divided the lateral ligaments, and turned out the ends of the bones; with butcher's saw he cut through the extremity of the femur, from behind forwards at right angles to the axis of the bone. Similarly he removed a thin slice from the head of the tibia, but finding that some disease remained, a second portion was removed. It was found necessary to divide the ham-string tendons so as to place the bones in position; the wound was then washed with carbolic acid lotion, and the flap secured