

plete, and leaves a weak bone, so they endeavor to get as close a fibrous union as possible by the application of bandages and splints.

Prof. Lister (*Lancet*, Nov. 3, 1883), in his address, relates seven cases of recent and old fractures of the patella treated by incision, and wiring together of the fragments. In all the cases, good bony union and free movement of the joint was the result. He strongly advocates this method of treatment, as the one best calculated to give the patient a useful limb. Six of these cases were shown to the Society, and in all the patella was perfectly natural in appearance and moved freely. Prof. Lister, as early as 1873, treated successfully ununited fracture of the olecranon process of the ulna by wiring the fragments together, and in 1877 first treated fracture of the patella in the same way. He first exposes the separated fragments by a longitudinal incision two inches long, then with a common brad-awl perforates each fragment obliquely, so as to bring out the holes upon the broken surface a little distance from the cartilage. Stout silver wire is then passed through the holes, and the fragments are brought accurately into position. Before he brings them together, he provides for the drainage of the joint. A pair of dressing forceps, with the blades closed, are passed through the wound to the most dependent part of the joint at its outer aspect; the instrument is then forcibly thrust through the synovial membrane, the fibrous capsule, and the fascia, until the point of the forceps is felt under the skin; then an incision is next made through the skin, upon the end of the forceps, to allow it to protrude; the blades of the forceps are then opened, and a drainage-tube drawn into the joint. The ends of the wires he twists, and, in his early operations, left protruding through the wound; but, latterly, he has found it much better to cut the ends short and hammer the twist down on the bone and completely close the wound, except at the lower end, where he places a small drainage-tube. The silver wire in these cases has given no trouble.

Prof. Lister said it was very desirable that the lower surface of the patella should be left quite smooth, and the drill-hole should not perforate the cartilage; if it does, then the hole