

The second operation of this kind was resorted to by Prof. Gibson, of Philadelphia, and likewise terminated favourably, the patient being capable of walking, without crutches, five months after.

The third operation Dr. Gordon Buck successfully performed at the New York City Hospital, in 1844. The patient subsequently sustained a fall from a ladder and fractured the new union; recovery ensued without any untoward accident.

Since then the same operation has been repeated by Mutter, Bruns, (Tubingen,) Heuser, B. Langenbeck, Reid, Robert, Post, (New York,) and others. As far as I have ascertained, but two cases proved fatal (Bruns and Post;) the balance recovered with useful extremities. The technicalities of Barton's procedure may be found in every work on operative surgery.

The late Prof. Brainard, of Rush College, has, some years ago, suggested weakening the inter-articular substance by drilling it in various directions through a small wound, and then to fracture the rest. How many operations have been made according to this plan, I do not know, but its application signally failed in a case of one of our most accomplished surgeons, (Prof. Gross.) and a chisel had to be resorted to, which was driven through the bony connection.

A similar proceeding had been proposed by Prof. Shuh, of Vienna, as early as 1853, but did not meet with the approval of German surgeons.

Whether the recently introduced so-called osteoplastic operation of B. Langenbeck has been attempted in true ankylosis of the knee-joint, I am equally ignorant, but apprehend that a simple separation of the articular faces by drill or saw will scarcely suffice to give a good form to the extremity, the new bony substance being an impediment; and, therefore, I would prefer, of all the methods suggested, that of Rhea Barton, which has proven itself both effective and comparatively harmless.

The indications for and the technical execution of *brisement forcé* are in most others joints the same as at the knee-joint. But in reference to the hip-joint the operation is subject to some modification, with which I shall now occupy your attention.

Before entering upon the practical consideration of the subject, a short recapitulation of the anatomical condition of the joint, left by hip disease, will not be out of place. Like the knee-joint, this articulation presents the three forms of ankylosis. Of these the true or bony ankylosis is certainly of very rare occurrence judging from the few specimens of this character which can be found in the most complete collections of morbid anatomy. I do not think that I have seen more than two cases during a practice of nearly thirty years duration. Osteophytes are often met