

the joint since that time, numerous abscesses formed, opened, and healed, and the joint became in a sufficiently satisfactory state, allowing him to go about till last December, when, in consequence of some injury, it became inflamed again, and he had exacerbations of his disease up to the period of his admission on April 20. When admitted it was swollen and inflamed; it was much larger than its fellow, being two inches larger in circumference; on examining it we found an abscess on the outer side of the joint, which I opened; at the time, before doing so, however, I stated that I was not sure whether it communicated with the joint or not, as a probe did not pass into the joint. The joint was very moveable, the ligaments were relaxed, and the condyles of the femur slipped to and fro over the tibia; there was no pain on doing this, or pushing the foot upwards or on striking the heel; none on bending it at a moderate degree, but if at an acute angle the pain was then very severe. He had sweating, flushings, fever, and the ordinary symptoms of hectic. The first thing to ascertain was the state of the joint. I mentioned to you that there was disease of the ligaments and the synovial membrane of the joint, and the reason of my opinion was, that the ligaments were so loose, permitting of the movements of the joint, as already described, and there was a good deal of doughy swelling around it, which is so characteristic of this form of disease, and which has been so well described by Sir Benjamin Brodie. If the cartilages had been much diseased we should have had pain on pressing the surfaces together, or on rubbing them against each other. My opinion then was that there was disease of the joint situated in the ligaments, cartilages, and synovial membrane. What course was now to be adopted? Six years had been spent in treatment without success, the boy's health was wearing out, the irritation still existed, he was getting hectic and intercurrent fever, and would have died in a few months. Two courses presented themselves, amputation and excision. I was rather disposed to amputate, as he looked strumous, he was suffering from hectic, and if strumous it might redevelop itself after the excision, and he might not be able to bear up after excision also, from the exhausting nature of the disease. For these reasons I preferred amputation, but the parents refused their consent, and wanted the other operation. They refused to allow amputation, people in poorer ranks of life dislike the maiming, and will put up with almost anything else rather than lose a limb. Under these circumstances I thought it best to excise the joint. A few words now on the excision of the knee-joint, but I shall not specially enter into it. It is not so modern an operation as has been supposed. It was practised in 1784 by Mr. Park, of Liverpool, in three cases with success. In 1830 Mr. Syme renewed it, but he now does not perform it, judging from his recent writings. About 1850, I believe Mr. Fergusson again renewed it, and since then three and thirty times it has been done, including four times in this hospital. A few words about the manner of performing the operation: It may be done in different ways, but there are three that I shall notice; the first an H shaped incision, two on either side of the patella, with a connecting transverse incision below the patella. The whole joint is thus well exposed. Another method is the elliptical, which I have always practised; and a third, introduced by Mr. Jones, of Jersey.