

with unhealthy granulations, which look as though the cells were distended with serum, assumes a healthy action, and cicatrizes. So it is with a diseased joint. Presuming that the cartilages have been shed, it may be said, that the joint refuses to assume the processes necessary to reparation (as in the case of the sinus), until, by laying it fairly open, healthy action is established, and the joint thereby fixed, by the production of new ossific and uniting deposit. Such are Mr. Gay's arguments for opening joints when the cartilages are supposed to be about being shed, or that event has already taken place. The after treatment consists in fixing the joint in the most useful position, and keeping it steady by bandages, &c.—*Lancet*, August 24, 1850, p. 245.

* REMOVAL OF THE HEAD OF THE FEMUR AT ST. BARTHOLOMEW'S HOSPITAL.

Ann Sugg, æt. 13, fell over a skipping-rope about three years ago, and received some slight contusions about her left hip: inflammation of the hip followed: she was unable to use the limb, and suffered a great deal of pain in the knee. About a year after the accident she was able to limp about, but could only get the toes of her left foot to the ground, as she was unable to extend the knee or hip joints. In a few months abscesses formed around the hip, and burst and for the last seven months some of them have remained open.

June 6, 1850.—Admitted into St. Bartholomew's Hospital in an extremely emaciated condition, and nearly worn out with suffering. The left femur was dislocated on the dorsum ilii, the limb shortened, and the leg and thigh flexed: there was a large ulcerated surface over the trochanter major, through which the bone threatened to protrude, with burrowing sinuses in the neighbourhood discharging pus freely. After being in the hospital a few weeks the child gained a little flesh, but she has lately fallen off again, not being able to stand the pain and continued discharge of matter from the wound. It was considered that removing the head of the bone would give the patient the best chance of recovery, and the operation was performed on August 17th, by Mr. Skey, the patient being under the influence of chloroform. As the end of the bone was only thickly covered with granulations, a very little cutting sufficed to expose it; this being accomplished, the limb was carried inwards, and the bone divided with the saw just below the great trochanter. The granulations bled freely on being cut, but the hemorrhage soon ceased, and no ligatures were required. The integuments were too firmly adherent to the parts beneath, to admit of being drawn together: the wound was therefore left open.

The acetabulum was found to have been enlarged by absorption, and was extended in a direction upwards and backwards, as if an attempt had been made by nature to form a new joint in this direction. The head of the femur had been entirely absorbed; a portion of the neck remained, which with the great trochanter, was the part removed: on dividing this with the saw it was found to be soft, and composed of vascular cancellous structure, with a very thin outer layer of compact bone.—*Med. Gazette*, Aug. 30, 1850, p. 382.