## LECTURE-CONVALESCENT CASES. A Clinical Lecture by Prof. LEWIS A. SAYRE, at Bellevue Hospital.

CASE 6. MARY CASHEN. Here is a little girl I feel proud to show you. Look at that smiling face, compared with what it was when she came here several months ago. The operation was per-formed three months ago. You will recollect that this girl came here with chronic disease of the knee-joint, which she had had ever since she was seven months old. From the age of seven months on she joint, which she had had ever since she was seven months old. From the age of seven months on she remained with her knee in a state of chronic inflammation. It was plastered, and issued, and fired, and iodined, and she took internal remedies all the time until within a few weeks of the time when she

can be here, but she rover had extensions and counter-extensions to overcome reflex muscular contraction. The muscles contracted in such a way as to produce a complete luxation backward of the leg upon the thigh, so that the head of the the lay in the intercondylic notch.

condylic notch. You will recollect that the leg and foot were models of sym-metry and beauty, never having been stepped upon or never hav-ing worn a shoe. The disease had so thoroughly involved the joint that an extension alone could not save the limb. If a re-section had been performed, the leg would have been too short to walk upon, and on that account I decided to perform an amputa-tion upon the knee-joint, leaving the patella to form the end of the stump. Mr. A. A. Marks, the artificial-limb maker, made this little girl an artificial leg. He **makes, as I think, altogether the best artificial leg** I have ever seen, simply because of its durability and simplicity. The foot has no joint at the ankle, and this is where the great advantage comes in.

advantage comes in.

The core of the foot is a small, solid piece of

The core of the foot is a small, sond piece of wood in the shape of a foot, only much smaller. This core is covered with a thick layer of sponge rubber, so that from the instep to the toes and back to the heel the foot is simply rubber. The elasticity of the toes and heel compensates for the absence of the ankle joint, and in walking there is none of the jarring, dot-and-go-one walk, so characteristic of the jointed leg. With this rubber foot she can walk with the stealthy, noiseless tread of a cat. The spring and elasticity of the foot are a positive comfort to the patient.

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