either in the straight or the flexed position. When it occurs in the straight position it is generally caused by some inflammation taking place in the joint during the treatment of fractures of the thigh, when the limb is kept for a long time in the straight position, but the most common position in which we meet with it is the semiflexed. Now, why should it take place more frequently in this position than in any other? I think the best explanation is this:—The semi-flexed position is that in which the limb instinctively, as it were, places itself as the most easy, when inflammation is present in the joint, as both sets of muscles are then relaxed in an equal degree; but, in an addition to this, it has been found by experiment that when a joint is injected with fluid it assumes the bent position, and when there is effusion into the joint this cause may operate with the one already mentioned in determining the position; but whether effusion is present or not the position is the same, so much for that. Having now gone over the different forms of the disease and its causes, the next point is the treatment to be adopted, and this must of course vary according to the position of the limb and the form of the disease.

If complete anchylosis takes place in the straight position it must not be interfered with, as no operation can restore mobility. If, however, you have a case of incomplete anchylosis in the straight form, you may use passive motion and friction, and by a long continuance of these means some degree of mobility may be restored. When there is complete anchylosis in the bent position, there are two lines of practice, either of which may be indicated by the circumstances of the case.

One plan is to take out a wedge-shaped piece of bone from the front of the joint, and then bring the leg into the straight position, and keep it so until osseous union again takes place, thus converting a bent into a straight stiff limb. This operation has been successfully performed by Dr. Rhea Barton, of Philadelphia. It has not, I believe, been performed in this country yet, but I consider it a feasible operation, and one which I would not hesitate to perform if a favourable case for it came under my care; it does not differ in any material degree from excision of the knee-joint, which is now so frequently resorted to. To be successful, however, the muscles of the limbs ought to be sound. The other plan to be adopted in this position of the knee is amputation, and this will be the best course to pursue if the muscles of the leg are very much wasted or affected by fatty degeneration for it would be useless to perform the operation for bringing the limb straight under these circumstances; therefore, it would be better to take if off and let the patient get an artificial leg. You may remember that I adopted this course in the