The extremity is then placed in a well adapted and well padded iron splint, and thus secured, kept at rest for several weeks, until the last vestige of soreness of the joint has disappeared.

When the patient is perfectly free from pain or other symptoms, he may be permitted to leave his bed, and walk, but even then the limb should be supported by the same instrument which I have recommended for the after treatment of inflammation of the knee-joint. (Vide Figs. 11—12.)

Most patients content themselves with a straight, useful and stiff knee-joint. But very few insist upon the re-establishment of motion. In this case all those measures have to be adopted which I have detailed under the treatment of stiff-joints. To realize a full share of mobility under these circumstances is a therapeutic object of considerable difficulty, and should not be entertained without due deliberation. The number of cases in which I have succeeded in re-establishing motion is very small, and in two only perfect. If we consider that in most of these cases the articular cartilages and the synovial lining are destroyed, and that the intra-articular fibrous tissue passes from bone to bone, and from wall to wall, we should not be surprised when success attends but rarely these efforts. Moreover, the intra-articular fibrous tissue again rapidly unites with the same articular surface from which it has been torn, and this is an additional difficulty in the re-establishment of free motion.

When osteophytes unite the bones between which the joint is formed, there is of course no mobility, and the firmness of the joint simulates that of true bony union, although the previous history of the case may suggest the character of the abnormal connection. The *brisement forcé* is after all the only safe diagnostic test. Fortunately the osteophytes are not true bony structure, and possess neither its elasticity nor its firmness. These bony splints are rather fragile, and break readily with a crackling sound as if true bone was giving way.

The presence of osteophytes does not in any way interfere with the *brisement forcé* and its ulterior results, the after treatment, nor is it materially affected by them.

In extensive and complete osseous union of the knee-joint, *brisement forcé* is of course ineffective. Rhea Barton's operation alone is calculated to meet the emergency. Although originally proposed for the relief of anchylosis of the hip-joint, its author conceived the practicability of the operation in the same morbid condition of the knee-joint. In 1835, he, for the first time, performed the exsection of a wedge-formed piece of bone from the knee, and the result attained was highly satisfactory. The wound closed in two months, and in five and a half months the patient resumed his avocation as a practising physician.