

ankylosis to take place. Inflammation going on to supuration and destruction of the cartilages, either removal of the limb or ankylosis must be effected. For a limb to be useful, it must become stiffened in a straight not a bent position. With a bent limb, a patient is worse off than if he had no limb at all, the limb is always in the way, and it is looked upon as a disgrace to the surgeon who leaves it in this condition. The case under consideration is one of this kind, which came under my notice some months ago, but as the patient was in an advanced state of pregnancy at the time, I deferred straightening it until after confinement, and as soon as this was over, we would then adopt some means to straighten it. It is now some months after her labour, and she comes with her knee much bent, in a state of partial ankylosis. Ankylosis you may have either complete with bony union, or incomplete without. If it is bony and the limb in a faulty position, you must either amputate the limb, or saw through the bones and straighten it. We had a case six weeks ago in the Hospital, of a girl aged twelve years, with a limb in this faulty position, which has existed since she was a year old. The limb was shortened and much atrophied, and would have been perfectly useless even if straightened, and amputation was consequently performed. The muscles of the leg were found in an atrophied condition, whilst those of the thigh were in a state of fatty degeneration, the ends of the bones were firmly ankylosed, but in a state of caries in particular spots. I saw all treatment except by amputation would have been useless. If there is bony ankylosis of the knee, with a good limb otherwise, there is a plan of treatment recommended by Dr Rhea Barton, of America, which may be adopted, which is to take out a wedge-shaped piece of bone, to permit of straightening the limb, instead of the bent position. In the case you will now see, the joint is slightly moveable, the ankylosis incomplete, and the limb is not shortened, and we shall endeavour to straighten it. (The patient an elderly woman, was here brought in, under the influence of chloroform, and was laid upon the operating table; the right leg was then seized by Mr Erichsen; it was in a semiflexed position from ankylosis, and was forcibly straightened, and then put upon a splint, and she was removed.) As I am straightening the limb, Gentlemen, you may hear the structures within the joint tearing down, the limb shall be put up in a splint, and I expect we shall have little trouble with it. We have lately had a case of bony ankylosis up stairs in a girl, whose leg was amputated, as I already have mentioned; a recent case of rheumatic disease with incomplete ankylosis, under Dr Garrod, where straightening was done; the case you have just seen straightened; and lastly the case of excision of the knee-joint—an interesting group of four cases of afflicted knee-joints. When the splint has been on for some time, in the case just operated on, we will take it off, and allow her to move about, and doubtless she will do well; we do not want a perfectly straight position here.

The case to which I wish to direct your special attention to-day, however, is one of excision of the knee-joint, of which I will narrate the details. It is that of a boy, Patrick Gorman, aged 14 years, whose parents are alive and in good health. Six years ago, when running, he fell and hurt his knee, which was followed in a week after by inflammation and swelling; considerable swelling remained with more or less disease of