after; amputation at the hip-joint was performed, great care being taken not to lose much blood, and the patient made a rapid recovery.

Mr. Carr Jackson, of the Great Northern, has performed this operation with success in cases where the hip-joint had been unsuccessfully excised. Granting, however, that the rate of mortality might be rather high, would it not be much better to give the child the chance of a rapid recovery, than to let the poor thing lie, it may be six months or even five years, suffering from the continuous discharge, from bed-sores, from the daily changing of dressings, etc., to say nothing of the constant nursing required, and the great expense consequently involved. As to facility of locomotion after this operation and after excision of hip or the spontaneous cure of the disease, there is little to choose. A crutch or a pair of crutches are generally very acceptable, even if not absolutely necessary in all cases, so that that would not be an objection to the operation. Of affections of the knee-joint, the same may be said as of the hip. The disease will always be found to date from an injury, however remote, however slight; will show itself in two classes of cases, the strong and healthy, the weak and scrofulous.

In the former class, if the case receive proper attention recovery will take place in a great number of cases without an operation, rest, &c., being all that is necessary. It is from the fact that so many are neglected, that so many require operation, they either keep about until the disease has advanced too far, or they will not give the limb long enough rest for a complete recovery, and after a short time inflammation is re-excited, which becomes more and more difficult to arrest; the joint becomes destroyed and excision is called for. In this class of cases, excision of the knee-joint is very successful. I saw a case operated on by Mr. Henry Smith; seven weeks after the man walked into the theatre completely recovered. He was a strong healthy farm laborer who had neglected an ordinary sprain of the knee.

In the latter or scrofulous class no treatment will avail; you may arrest the disease for a time, and send your patient home with the idea that a cure has been affected. It may be a month or it may be several months after, you will be surprised to see the same patient turn up either at the same or, what is much more likely, at some other Hospital, with the joint in a much worse state than when you first saw it; the case goes on in spite of all treatment; the joint destroyed, there is profuse suppuration, great pain; deterioration of health; in fact the time has arrived when something must be done or the patient will die of exhaustion. There remains one of two evils, either amputation, with the chances of a speedy recovery, or excision, with certainty that even if the patient does recover, he must first spend many weary weeks, if not months, in bed, and then perhaps when there was hardly any life in him undergo secondary excision or amputation as the very last hope. I knew of a case where the knee-joint was excised; seven months afterwards it was excised again and then three months afterwards amputation of thigh was performed, the excision being unsuccessful. The following cases of two children about the same age lying in adjoining beds, treated and fed in the same way, operated upon by the same surgeon, afford a strong contrast, and support what I have already said.

One child was ruddy and healthy, the only abnormality being advanced disease of knee-joint following on an injury received many months before, and for which the child had not received any treatment until admitted into hospital, when the joint was excised. Exactly one month from the day of the operation the splint was removed. Firm ankylosis had taken place and there was nothing but a surface sore to show that an operation had been performed. The other case was that of a weak, whinny, sore-eyed, scrofulous child, who was admitted for disease of the knee-joint, which was excised. This case in the after treatment received even more attention than the other one, the greatest possible care being taken not to allow any movement of the limb. Four months afterward, although union had taken place, it was not sufficiently firm to allow of walking, nor do I think that it ever would be.

As to the mode of excising the joint, some of the surgeons make two lateral incisions with a transverse joining them, and after removing the ends of the bones, bring the inside and the transverse incisions closely together with sutures and leave the outside one open for a free discharge of pus. The splint usually used, was a back splint with foot-piece interrupted beneath the knee-joint by means of two iron bows, one on each side. Sometimes a small trap door was made underneath. By these means the joint could be dressed without the slightest motion. Other surgeons prefer a single incision across the limb, opening directly into the joint, or rather where the joint ought to be. Different kinds of splints, more or less expensive have been devised, but nothing can answer better than an ordinary interrupted back splint with a foot-piece, bandaged carefully up to the knee and down to the knee. Strips of lint soaked in a solution of carbolic acid formed the usual dressing; when union had taken place, a