

There is much heat and tenderness about the joint. It is red and bulging on the inner side near the border of the patella. Fluctuation here is evident. There is partial ankylosis of the right elbow. He cannot extend the forearm completely. There is no displacement of the bones; some swelling and slight tenderness between the olecranon and external condyle. This condition began a year ago. Has felt neuralgic pains at times darting through the joint, and suffered from sciatica at the same time. The patient is a good deal emaciated. Appetite is good. Heart, lungs, and liver are normal. Examination of urine gives a negative result.

July 7th.—Excision performed. Much pulpy degeneration of the joint, not much pus. Spots of ulcerated cartilage on both condyles of femur. Considerable degeneration of the lateral condyloid notch. The semilunar cartilages of the tibia were entirely destroyed, and several diseased spots were found on the articular surfaces of the tibia. The excision produces shortening of the limb by about  $1\frac{1}{2}$  inches. The limb was put up on a gutter splint, cut out at the knee, and extending up the side so as to fix the pelvis.

July 11th.—Patient feels comfortable. Wound looks clear and healthy. Urine and other excretions normal. Appetite poor. Tongue heavily coated. Vomits occasionally. Bed sores appearing over the sacrum.

July 21st.—Removed stitches, wound looking well, united superficially, drainage tube still in. There are frequent spasms of the flexors of the thigh which cause great pain. General condition seems to be improving. No night sweats. Tongue clear. Pulse 132, temperature  $100\frac{1}{2}^{\circ}$ . Sleeps well after morph. gr.  $\frac{1}{4}$  hypodermically. Appetite very good.

July 25th.—Temperature last night  $104^{\circ}$ . Ordered quin. grs. xv. Morning temperature  $98^{\circ}$ . Passed a good night. Gets M. grs.  $\frac{1}{4}$  hypodermically night and morning. Pulse 124, it has been very rapid throughout. Knee dressed once a day, and lightly bandaged with a many tailed bandage.

July 29th.—Diarrhœa for last two days. Increase stimulant, brandy 6 ounces. Ordered pill plumbi c opio. Tongue dry. Large slough over sacrum.

July 30th.—Diarrhœa persists. Lost appetite. Tongue dry. Pulv. kino. co. and starch and opium enemata given. Patient getting very weak. Some dusky red blotches on back of left forearm and