

means of the gouge and elevator the difficulty was overcome, and the head was enucleated. The next step was to remove all diseased portions by means of a gouge, curved forceps, and sequestrum forceps, as well as cutting away suspicious-looking structures. The second stage of the operation was now commenced, viz., laying freely open the sinus over the tuberosity of the ischium, with a view to ascertain if a communication existed between this sinus and the one that led directly to the joint; none, however, was found. The third stage was to divide the tendons of the ham-strings and biceps muscles, owing to the contraction of the knee-joint. The wounds were then carefully sponged and dressed with carbolic acid and oil, the edges brought together by sutures, and a light bandage applied. The patient was then removed to bed, and afterwards an extension split was applied.

Mr. Wood remarked that here was an instance of caries of the bone, which if no operative procedure were initiated, nothing remained for the poor fellow but a lingering death, by reason of the continued discharge from the sinuses, if not death from pyæmia itself. It was always a difficult matter to state precisely, prior to operating, the exact condition that the parts would be found in, in a diseased joint, and what complications the operation itself might present.

As regarded the condition of the joint in this case, there had been adhesion of the head of the femur to the upper rim of the acetabulum. Nature, in fact, endeavored to repair the injury, and this firm adhesion it was that had rendered the removal of the head so difficult. Again, the carious condition affecting a good deal of the bone, some time was necessarily occupied in removing all the diseased parts, which here included a portion of the shaft, as well as the great trochanter. When the second sinus had been laid open the tuberosity of the ischium was found diseased, and portions had to be removed, which of necessity lengthened the operation; while, finally, there was the necessity of dividing the tendons of the ham-strings and biceps subcutaneously for the contraction of the knee-joint.

Professor Wood, in commenting on the case, said:—Excision of the hip-joint, as a rule, did not present the complications and difficulties that this case did; indeed, in children, the head was usually found dislocated, and many of these cases were quite simple in character. Another point worth noticing in opera-