

The President said that Dr. Fenwick's cases were remarkable as a record of four successive successful operations. The operation itself is still regarded as a doubtful one by many eminent surgeons, principally for two reasons; in the first place, it not unfrequently happens that the limb left after excision is not as useful as would be an artificial leg: and secondly, in some hands, the mortality of this operation has proved greater than in amputation through the lower third of the thigh. With regard to Dr. Fenwick's novel method of sawing the bones he would remark that this plan could only be beneficially followed when there existed, as in this case, a minimum amount of disease. If the disease in the condyles was extensive, as it often is, division in the manner proposed could not be effected so as to save the epiphysis. He believes the plan a good one, rendering the co-aptation more accurate and steady than could otherwise be possible. The average time required for complete cure of these cases is about from 200 to 300 days; it will, therefore, be seen that in the cases brought under our notice, firm union and use of the limb have been acquired in a considerably shorter time than this, and therefore they may all be looked upon as *rapid* cures. The results were extremely satisfactory, and he would congratulate his friend Dr. Fenwick upon his marked success in his knee-excisions up to this time. He would mention that Dr. Cheever of the Boston City Hospital has lately given an account of six cases operated upon by him. Of the six cases, one was fatal, two required subsequent amputation, and three recovered: in one of these three cases, the patient, after sixteen months treatment, was still obliged to carry a splint. Dr. Cheever, from these results, was inclined to favour amputation in the lower third of the thigh rather than excision of the joint.

Dr. F. W. CAMPBELL had seen all of Dr. Fenwick's cases, and was anxious to know if he could assign any reason for the more than usual shock that followed the last operation.

Dr. FENWICK in reply to Dr. Hingston, said he was under the impression that in case No. 3, he had made out distinct roughness, though he would not be certain, as motion in the joint was very limited, the tibia and fibula were dislocated backwards and the patella was firmly adherent by bony union to the external condyle of the femur; this condition was noticeable in the bones submitted. He was not favourably impressed with the minor operation as styled by his friend Dr. Hingston, as he had seen *brisement forc * result disastrously on more than one occasion; still he freely admitted, that it was a justifiable proceeding in suitable cases, but he did not think that any surgeon would have attempted it in this case. To Dr. Trenholm he would state that no other method of operating but that described had been contemplated. In reply to Dr. F.