

One important element in the treatment was to abolish, first the use of the crutch, then of the cane, and finally to make the patient walk about leaning on the arm of another person, then of the hand only; and lastly, to go without any assistance, objects to which he could cling being placed at certain intervals, in the event of the limb yielding. In fact, we should here imitate the infant's method of gaining confidence when first beginning to walk, and make our patients go through the same process.

CASE V.—*Anchylosis of Right Knee. Extension; great improvement.*

The following case, that of the daughter of a medical man, was under the care of Dr. W. P. Smith, who watched it with the greatest interest for years. He has been kind enough to furnish me with the following notes:—

“In the year 1846, — aged six years, whilst walking, slipped her foot and fell, striking the right knee against the curb-stone of the pathway. A slight abrasion was all that could be noticed at the time, nor was any attention attracted to the condition of the joint till five months after the accident, when walking out with her parents it was remarked that she dragged the right leg after her; and, on examination, the knee-joint was found painful and swollen. Medical aid was immediately called in; leeches were applied, followed by fomentations and counter-irritants; but no improvement in the condition of the joint was the result. The joint soon became stiff and swollen, the knee contracted, and the muscles of the thigh and leg became so emaciated, that nothing but bone and skin seemed to remain. About a year after the disease was noticed, Dr. — was consulted, who recommended that the joint should be put upon Scott's plan, with adhesive plaster; which was accordingly done, and the limb was retained in a fixed position for the next seven years; the patient all this time going about upon crutches, with the knee bent at a right angle, and apparently an immovable condition of the joint existing. As this helpless condition of the patient was a source of much pain and anxiety to her relatives, Dr. — and Dr. — were called into consultation, and stated as their opinion, that as no motion existed in the joint, and as anchylosis had taken place in such an unfavorable position, that amputation about the knee was the only plan they could suggest. To this Dr. Smith and the patient's friends objected. It is worthy of remark, that from the support given to the joint, the patient gained confidence, and, though supported by her crutches, allowed the toe to touch the ground; but to do so, it was necessary to bend the body to such a degree that her parents could not bear to see her make the