

the foot. This enabled him to bring the foot well down, and gave greater freedom to the motions of the foot. He left the Hospital some time in the month of February following, at which time he was able to use the leg freely. There was shortening to over four inches, which was made up by an addition to his boot. General health good. I have heard from this man once since he left Montreal and he stated that he was progressing favourably.

Fig. 4 is from a photograph taken in February, 1871, and gives a fair idea of the condition of this patient at that time.

*Case IV.*—This was in a boy aged 14 years. He had been a sufferer from a bad knee since his fourth year. He was admitted into the Montreal General Hospital in October, 1870. The leg on examination was found semi-flexed, it was exquisitely tender, he would cry out with agony or fear if even the bed was touched. He presented an anxious and care-worn appearance. The knee was very much larger than its fellow, and when handled gave great pain which persisted for hours. There was effusion into the sub-crural pouch, and his sleep was disturbed by frequent startings. Under chloroform the limb was placed in an extended position on a gutter splint, and while under the influence of the anæsthetic I examined the joint, when it was found that there was much thickening of the tissues around the joint and marked roughness, as though from erosion of the cartilages, between the ends of the bones as well as on the under surface of the patella. The treatment was chiefly palliative: absolute rest, good nourishment and locally hot fomentations over the joint. Morphia was given hypodermically, which secured refreshing sleep. By these means the acute inflammatory symptoms gradually subsided. Subsequently I tapped the joint at the inner side of the thigh with a small aspirator needle, and drew off a quantity of serous fluid tinged with blood. This gave him considerable relief and the startings subsided. Relief, however, was only temporary, and a fresh attack of acute inflammation followed, which was relieved as before. As soon as he was in a favourable condition, I recommended excision of the joint, which operation was performed on the 21st December, 1870. As the patient was a growing lad I determined to save as much of the epiphyses as possible, and with this end in view I adjusted to Mr. Butcher's frame a carpenter's whip saw, somewhat coarser than those used for fret-work. A semicircular sweep of the saw was applied to the end of the femur, thereby removing all the diseased bone so that the extremity of the femur after removal of the condyles presented a convexity. The head of the tibia