hair cushion, to raise the heel above the mattress, and a bag filled with bran or sand to place on the outside of the foot to prevent rotation outwards, complete the appliances requisite to carry out this method of treatment. There need be no delay in its application. The sooner after the occurrence of the injury the limb is put up the better. The contraction of the muscles is thus antagonized from the outset, and the rough ends of the fragments are prevented from fretting the soft parts.

The author then gives twenty-one cases in detail where this treatment was employed; and the results, as shown by *actual measurement*, are equal to any that have hitherto been obtained. Dr. Buck claims for the apparatus the following advantages: I. It maintains *uninterrupted* and *efficient extension* without producing intolerable pain, excoriations, sloughing, and tedious sores. II. It diminishes very materially the suffering of the patient and the irksomeness of long confinement to one position. There is no inconvenience attending the evacuation of the bowels. III. It is cheap and easy of application. IV. It is not liable to become deranged, thus rendering it unnecessary for as frequent visits on the part of the surgeon as when the ordinary apparatus is applied. The author considers it very necessary to apply coaptation splints, for reasons already given."—*American Med. Times*, March 30, 1861.

Complete Osseous Anchylosis of the Knee-Joint. Successfully Operated on by Barton's Method.—Dr. CHAS. A. POPE reports (*St. Louis Med. and Surg. Journ.*, May, 1861) a case of this. The subject of it was a healthy man forty years of age, who ten years ago was accidentally shot, the ball passing just below the right knee-joint. The articulation became involved in the inflammation, and ankylosis resulted.

"The limb was permanently flexed at near a right angle. For long years he had worn a wooden peg, with the knee resting in a socket at its upper extremity, for purposes of locomotion. In walking, the foot and leg projected inconveniently backward, whilst in sitting the wooden appendage stuck out still more awkwardly in front. So that in this, as in other respects, the annoyance was so great, that he had been led to seek relief, if possible, by an operation. The ankylosed limb was, as usual, smaller than its fellow.

Dr. Pope operated on the 14th March as follows:—

"The patient being under the full effect of chloroform, Dr. P. made a long semicircular incision through the integuments, commencing at the upper part of the internal condyle of the femur, sweeping round in front just above the superior edge of the unrecognizable patella, and terminating over the external condyle. This cap-shaped flap was carefully raised from the bone, and dissected well back to the convenient distance of nearly five inches. A fine saw was now entered at the most prominent part of the bony angle, the apex of the knee, and directed obliquely upward and backward toward the posterior surface of the femur a short distance above the condyles. A second section was then made with the saw, from the front of the femur, so as to fall on the first without entirely severing the continuity of the bone. A few posterior fibres were purposely left in order to prevent any danger to the popliteal vessels, and also to assist by their slight irregularity when broken, in the subsequent adjustment of the bones. The flat wedge-shaped piece of bone thus removed measured $4\frac{1}{2}$ inches long, $1\frac{1}{2}$ inches thick; and $3\frac{1}{2}$ inches at its broadest part. The angle removed was 91° , that being the complement of the angle of deformity. The limb was now laid on a double inclined plane, the angle of which could be varied at will, by means of a screw. Having closed the wound by points of the interrupted suture, a moderate extension was made on the foot, which caused the rupture of the thin posterior portion of bone left undivided. The patient bore the operation well, having felt no pain."

The patient was left under the care of Dr. Jno. S. Dewey, who writes to Prof. P. that the result was entirely satisfactory. He states that he had seen the patient wheeling a heavily loaded wheelbarrow. He walks without a stick ordinarily, and the angle at which his knee is ankylosed is that which he himself chose.