continuing from one hour to twelve, leaving him faint with torture. There was also a constant pain as of pins and needles in these parts, which had very much increased during the past few months, so as to render him unable to bear any weight upon the foot; and any movement of the toes instantly generated pain like a galvanic battery. The foot felt cold and clammy, the muscles of the leg wasted and irritable, &c. The heel was raised some two inches from the ground; the inner edge of the foot drawn upwards, and the anterior two-thirds of the foot twisted inwards, so that he walked on the outer edge. The toes, especially the big one, were very much contracted and rigid.

Operation.—Pain being the most prominent and severe symptom, I determined to attack that first; and so, on May 12, I divided the anterior tibial nerve in the lower-third of the leg, removing about three-fourths of an inch,—the result being a total removal of the previous feelings in the big toe and anterior portion of the leg.

Allowing two weeks’ interval to see the success of this step, I then divided the posterior tibial, which was followed with complete removal of pain—the patient, on leaving the operating table, could strike his foot on the ground, and walk with perfect ease. The deformity, of course, remained. This, however, has been remedied by dividing the tendo-Achillis, tibialis anticus and posticus muscles, and plantar fascia, and treatment with Scapa’s shoe; so that now his foot is restored to its natural position, and the limb is a useful member.

I should mention that the nerves were examined by Dr. Waller, who was present at the operation, but no microscopical or other changes were observed in their structure. During the operation, Dr. Waller applied a very fine thermometer to the limb, and found, almost immediately after the division of the nerve, an increase of temperature to the amount of three degrees.

ART. XIII.—Some Remarks on a Peculiar Affection of the Knee-Joint. By Francis James Lynch, M. D., Physician to the Loughrea Workhouse, and Fever Hospital.

Mr. Mayo, in the eleventh volume of the Medico-Chirurgical Transactions of London, directed the attention of the profession to a form of disease in the knee-joint, termed by him “An acute form of ulceration of the cartilages of the joints;”
and, subsequently, in his work on Human Pathology, p. 90, he further alludes to it, under the heading of "A class of cases of rare occurrence." Sir Benjamin Brodie, Mr. Hawkins, Mr. Key, Mr. Wickham, and others, have since published remarks on the subject; and most surgeons in Great Britain and Ireland in extensive practice are, doubtless, familiar with the disease, and its appropriate treatment; still, as it is rather a rare form of disease, the following observations and cases may not be wholly devoid of interest.

The disease is mostly observed in persons who have been subject to rheumatism, or to rheumatic gout, and is often brought on by exposure to damp and cold; the patient, after suffering from more or less acute synovial rheumatism of a migratory character, in the wrist, elbows, knees, and other joints, will suddenly complain of intense pain in one knee, where the inflammatory action seems to concentrate itself. The limb is almost always in the extended posture, the heel resting on the bed. The swelling, even at the commencement, is considerable, occupying the knee, the lower-third of the thigh, and the upper-third of the leg; it is not circumscribed above or below, but gradually tapers away, and is lost in the thigh and leg. The skin covering the affected part of the limb has a remarkably glossy, bloodless hue, resembling in colour white marble. It is exquisitely tender to the touch, and the swelling is found to be uniform, firm, and elastic; sometimes a cracking is felt under the examining finger, and at times slight oedema, or pitting on pressure, exists. The joint is the seat of constant pain; sometimes dull and throbbing, at other times lancinating and severe, with frequent and intensely painful exacerbations. The tenderness is very great, even in the skin, and the least pressure cannot be borne. Moving the toes, or shaking the bed, or walking heavily across the room,—in fact, whatever occasions the slightest disturbance or movement of the limb,—causes intense agony. There does not seem to be much, if any, effusion into the joint; and the usual prominences about it cannot be easily detected, owing to the thickened condition of the soft parts, and the extreme sensitiveness of the skin. Frequent spasmodic twitches in the limb increase the patient's sufferings, and interrupt the snatches of sleep, which anodynes, or exhausted nature, at times induce. From the commencement, there is a good deal of febrile excitement; nausea, anorexia, thirst, disturbed rest, quick pulse, heat of skin, and other marks of constitutional derangement, exist; the countenance is expressive of much pain and anxiety, and, as the disease progresses, emaciation, increasing debility, per-