

unfavourable?—Undoubtedly. Where there is any strain or injury about the knee-joint it is a very rare thing to find inflammation leading to rapid suppuration. We must take each individual case at a time, and, if you do not mind, I prefer to take M——'s case first.

705. Will you please take in your hand the hospital note-book, and turn to page 4, and read me the entry you have there?—"William M——, *ætat* 21; unmarried; occupation, labourer; native place, Green Island. Present residence, East Taieri. Admitted August 21, 1883, to No. 1 ward. Came in suffering from a swollen right knee, the swelling following the outline of the joint-cavity. Pain was felt at each side of the upper end of the tibia. Six weeks before coming in this patient had jumped down from a straw-stack and hurt his knee, it being painful at the time. The pain went away, but after three days it returned, especially at night. He continued working for a fortnight, when he had to give up work. At this time the knee was fomented for one day; then blistered twice on each side; also painted with iodine. As soon as he came in a long splint was put on, and hot fomentations applied continuously till September 24. Along with this oleate of mercury and morphia was used: Internally, \mathcal{R} potass. iodid., $\mathfrak{z}\text{i}$.; $\mathfrak{s}\text{ip}$. ferri iod., $\mathfrak{z}\text{iv}$.; $\mathfrak{s}\text{iq}$. $\mathfrak{z}\text{i}$., t.d.s.: also, to give sleep, \mathcal{R} potass. bromide, $\mathfrak{z}\text{p}$.; $\mathfrak{a}\mathfrak{q}$. ad., $\mathfrak{z}\text{p}$. Haustus to be taken at bedtime. On September 24 Scott's dressing was applied for a fortnight, and the swelling decreased about half an inch. On October 8 Scott's dressing was again applied for a fortnight, but there was no decrease. Hot fomentations, along with oleate of mercury and morphia, were again applied. On October 27 a consultation was called, when it was decided to excise the joint. On October 31 the left knee-joint was excised with antiseptic precautions. A curved incision was made around the lower border of the patella, from the inside to the outside of the joint, which was found to be full of gelatinous material in which there occurred several abscesses. On opening these thick flaky pus escaped. The patella was then removed, and a great quantity of gelatinous and cheesy material cleaned out. The cavity was so sacculated that in addition to the above incision another incision was made 4 in. long, upwards, in line with the shaft of the femur in front, in order to clear out the diseased tissue thoroughly. The cartilages were all eroded off the lower end of the femur, upper end of the tibia, off the patella; and the inter-articular cartilages were also destroyed. The femur and tibia were also affected. The joint-cavity was then thoroughly cleaned out of all gelatinous and cheesy material. Three drainage-tubes were then put in, and the wound sewn up with silver and horse-hair sutures. It was then dressed with oiled silk, carbolised gauze, and tow, and placed in a long side splint, and a large back splint for rest and extension, and kept raised. November 3, temperature 99.8° ; pulse 132. November 9, temperature 100.6° , pulse 96. The wound was dressed antiseptically on November 2; on November 6, when the silver sutures were removed; on November 10, when there was not much discharge, and the parts had nearly all united and were looking very well. January 16, 1884: Limb amputated at junction of middle and lower thirds of femur. Patient was under ether on the previous day, when the wound was found to be in such a state that amputation of limb was deemed necessary. Great accumulation of pus and gelatinous material was found in popliteal space. After amputation flap was fastened by silver sutures, and antiseptic dressing was then applied, stump being put in splint, and elevated on slip-rest."

705A. Taking the whole of these circumstances into consideration, was there any septic poisoning arising after the man had been admitted into the hospital?—I should like to say that I have never read this case through since the time of my report to the Trustees. It struck me at the time, but I had forgotten it since. It, however, strikes me very forcibly now, as the case of a young man who was getting almost well, but from some cause or another it breaks down, and suppuration occurs, requiring amputation, which is a very unusual state of affairs.

706. Have you met with a similar condition of affairs outside to what you found in the Dunedin Hospital?—Never. Here was a young man with a wound in the knee after an excision, that was healed up, or nearly so; then there is a blank or gap in the hospital report, and the next entry about him is that amputation has to be performed.

707. *The Chairman.*] In the mischief that made amputation necessary you include septic poisoning?—Yes. I might explain why I think this case's history unusual and peculiar. In the first place the boy got an injury to one of his knees, which was being treated very well. It is very unusual to get suppuration in such a case. In these cases it does not occur so rapidly as in the case of a long-neglected strain that had been walked about upon repeatedly or had been neglected. This appears to have been a very rapid course indeed. The usual treatment was adopted from the very first. There was nothing bad about the case when it came into the Hospital. I think that the whole bearings of the case are unusual.

708. Would you expect the septic poisoning to have taken effect before the operation for excision?—There must, I think, have been some septic conditions in the case when excising the joint.

709. Did that arise before the operation?—I suppose it must have occurred—that it must have been in the joint. The suppuration that occurred was excessively rapid; and that is an extremely unusual thing to occur spontaneously. I have never seen it in my practice.

710. Do you consider that the symptoms after excision were due to septic poisoning?—I think they were. In the first place, I look on this case as a very unusual one, inasmuch as very shortly after the injury the joint takes on disease and breaks down when we were expecting to find good results. It is an unusual history altogether. Suppuration in the joint is a long process. The history of this case, as detailed in this book, is simply extraordinary, because suppuration itself would not be expected to occur. After having properly treated an excision of the knee-joint, if the conditions all around were healthy, I should say, as one who holds the views about the Hospital which I do, that this case seems to me to very much strengthen those views.

711. *Mr. Solomon.*] I will put it to you, then, in the words that are used in my opening to the Commissioners, and you will please tell me whether they are correct. I said there that "surgeons in the Hospital have found results arising from their operations which they had no reason to expect