limits of the articulation. There is no discoloration of the integuments, though there is frequently that waxy whiteness, the result of ædema; whence the term "white swelling." The latter is often the first symptom which attracts attention. Though the patient may have the sensation of heat in the affected parts, it is not objective either to the hand or thermometer. The patient may gradually experience some difficulty in using the articulation to the fullest extent, feel induced to spare the extremity in locomotion, and thus favor certain positions as a source of greater comfort; malposition is superadded only at a later period.

The advance of the disease is marked by progressive swelling of the periarticular structures: the contours of the joint disappear, not from effusion within the articular cavity, but from infiltration of the surroundings and therefore no fluctuation can be discerned.

Contemporaneous with the enlargement of the articulation, the original feeling of soreness, increases to aching pain, being augmented by pressure and locomotion; the rest becomes disturbed by reflex pains, and the limb forced into a position over which the patient loses all control. Every attempt to alter the same is attended with aggravated suffering.

When the swelling and firmness of the soft parts still more increase, then the pain assumes a torturing character. The limb attenuates and becomes cooler, whilst the swelling shows but a moderate addition of tomperature.

In viewing the affected extremity, the contrast between the waste of the limb, and the general enlargement of the articulation, with its numerous distended veins, is strongly marked, and it is this form of articular disease, which in times past was designated as *fungus articulorum*, *tumor albus*, and white swelling. It was thought to be of malignant growth, and amputation its only remedy.

Thanks to the progress of pathological anatomy and the material aid of the microscope, this error of our ancestors has been effectually dispelled.

Now-a-days, white swelling has been recognised as an affection of the articular ends of bones, and their respective periosteum; with subsequent periarticular infiltrations of scroplastic material, with its attending organization into fibroplastic cells, fibrous structure, fat, &c. And surgery offers the means of relief as long as the pathological changes are susceptible of reduction.

The knee joint is most frequently visited with this disease, and it is there one can best study its different phases.

On a former occasion I have assigned the reasons why this malady