You cannot therefore be too careful in your diagnosis and prognosis of all injuries of the hip. If your patient has passed the middle period of life, and be at all gouty or rheumatic, you ought to point out the consequences which sometimes ensue from such injuries, and which no precaution or skill on your part can avert.

Mr. Calles says he has often come across it and has been struck with its peculiarity. "After the middle period of life, a man gets rheumatism in his limbs," after getting a great wetting or being for some time up to his knees in water, but this is not always the case, for a patient of his had the disease who was not exposed to wet in twenty years. He observes that the patient cannot walk without crutch or stick, and progresses like a man who had broken the cervix femoris. He seems well, notwithstanding long continued excessive pain. He knew it go on thus for two years. Mr. Calles never had an opportunity of examining one whom he knew died with it, but he suspected certain specimens were of it, which he had found in the dissecting room and had exhibited.

Mr R. Adams states, that when it is fully established, it rarely extends to other articulations, but that he has seen both thighs attacked together. He also remarks, that the chronic inflammation of the structure of the joint is never accompanied by any appreciable degree of heat or swelling of the soft parts, or that it runs into suppuration or anchylosis. Its long persistence causes much shortening, which I believe arises from the oblique tilting of the pelvis, and a change of the direction of the neck of the thigh bone, which gradually points downwards.

There is often greater difficulty of walking in the early stages than in the more advanced. A lady of 61 with this disease when she first consulted me could hardly walk across the room, last summer she walked nearly two miles in a day, though the limb has now shortened at least 2 inches. Mr. Smith says the patients' sufferings are very much influenced by the weather, being most acute during wet or even damp weather; some can actually foretel the approach of rain.

I have lately seen the same disease in the knee joint. This patella was removed from a patient aged 70 who had consulted me occasionally for weakness and pain in his right knee. He was a large, fat, flabby man, with a pasty look. The joint was somewhat enlarged, as if slightly inflamed chronically; the pain was trifling by day but always worse at night. When he sat long, the joint got so stiff that he had great difficulty in rising. His health was good, and he said if it were not for his knee he should be in perfect health. His habits were active and temperate. I ordered him a little grey powder and extract of colchicum and an anodyne liniment, which relieved him, but he did not persevere in their use.

You see the same deposit on the edge of the patella as on the femur, the same ivory-like indentations. A section shows still more clearly that it is from a deposit and not from an expansion of the bone.

This man died suddenly from an accident, but he had fatty heart, liver and kidneys. I am also attending a lady, aged 60, who has the disease in both knees. She has been benefitted by blisters and mercury in regard to pain, but not in regard to the use of the joint. She never had rheumatism elsewhere, but is disposed to fatty deposit. She is pale, fat, flabby and heavy.

From what I have seen I am more inclined to believe that this disease is dependent on the same pathological condition of the system which pro-