

temist, has affirmed that anatomical arrangement. But even without these anatomical facts, clinical observation would be justified in such an inference.

In most joint diseases there is more or less immobility. To a certain extent the immobility is of a voluntary character employed by the patient to obviate the pain caused by the exercise of the affected joint. Frequently, and in advanced cases, the immobility may arise from hydraulic pressure upon the articulating surfaces, by effusion into the joint, as may be seen in the second stage of hip disease, and in some affections of the knee joint with unyielding and thickened walls.

The deposits of osseous material around the joint, and osteophytes, will produce the same effect. Muscular contractions are a material impediment to the mobility of affected joints.

I have already referred to malposition of the respective affected articulations, as one of the general symptoms attending articular diseases, and adduced its most prominent cause. There are however other causes which occasionally bring about that result. One of them is the gradual disintegration of the epiphysis. Next the separation of the epiphysis and its dislodgement from the shaft. Another, the fracture of the epiphysis eventuating in joint disease. The last though not least is effusion within the articular cavity. The experimental injections into joints made by Weber and Bonnet demonstrate that liquids forcibly thrown into the articular cavities through an aperture of a stationary bone will force the moveable part of the joint into certain positions denoting the greatest capacity of the articulation.

Similar changes in the position of joints are produced in the living body by effusions.* But in order to accomplish this the walls of the articulation require to have been rendered unyielding to the process of inflammation, in which case the effusion acts like a wedge driven between the articular surfaces. As long as the walls remain flaccid, or retain their healthy elasticity; an immense quantity may be accumulated in the joint without any effect upon its position, as is the case in ordinary hydrarthrosis.

Last, I have to mention fever, as one of the common symptoms of joint diseases. This symptom is merely of temporary duration, and accompanies only the higher grades of these affections, their inflammatory periods, or at times when a mighty local irritation exists, be this through foreign bodies, sacculated pus, or the like. It generally subsides with the removal or alleviation of the local disturbance. In all these instances the fever is

* Collateral with more or less perfect immobility.