

a patient of Dr. Haynes, of South Kensington. This lady "caught a sharp chill" at an evening entertainment and cold weather. Next day she had severe pain in the right knee, which became red on the surface and considerably swollen. Pain was so severe and prolonged that it was necessary to keep the joint on a splint for two months. For several weeks the temperature was raised. Pain and swelling subsided slowly, but the joint was left firmly ankylosed. At the present time there is no pain, but the knee is stiff and still enlarged by brawny periarticular thickening.

CASE 3.—An unmarried lady of 23 had acute arthritis of the right knee following a wrench at tennis. The joint a week after the injury was considerably swollen, very painful, and covered with dusky red skin. The joint contained no fluid, but the periarticular tissues were thickened and brawny. The limb was kept at rest on a back splint and swung from a cradle. The patient's temperature was 99 degrees in the morning and 101 degrees in the evening, and for the next month pain continued to be severe, and it seemed probable that suppuration was about to occur. From this time, however, very slow improvement took place, and at the end of three months the splint was removed. The limb was in good position, but the joint had undergone close fibrous ankylosis, and the patella was firmly fixed on the condyles of the femur. The patient six months later was walking on the limb, but the joint was so completely rigid that I believe the ankylosis, which was at first fibrous, had now become bony.

CASE 4.—Mr. X., aged 24, had an illness extending about six weeks, and attended with rise of temperature. Several of the large joints and the finger-joints were the seat of pain and swelling but the left ankle was especially involved. It was extremely painful and considerably swollen. All the other joints recovered, but the ankle remained inflamed and painful for two months, and ultimately became firmly ankylosed. I saw Mr. X. in consultation with Sir A. Garrod, and we agreed in regarding the condition as gonococcal in its origin; but this the patient firmly denied. As the foot was in the condition of slight equinus, I manipulated it under ether and brought it up within a right angle with the leg. During this proceeding, which required some force, strong cicatricial tissue was torn through. The ankle-joint itself remained stiff, but by long-continued manipulation and exercises considerable movement was required in the medio-tarsal joint, so that the patient ultimately walked with only slight lameness. It is, of course, impossible to be sure that