roughened groove on the outer and upper part of the head on a line with its edge, in its normal state about 1-6th in. wide and 1-10th in. deep.—The cartilage is nearly all gone, irregular streaks of it alone are left;—the intervals are occupied partly by incipient eburnous change and partly by roughened ulcerated spots. Some of the eburnous patches, especially near the edge are corrugated like the enamelled surface of an irregularly formed tooth. A section shows that the enlargement is from deposit on the exterior and not from expansion of the cancelli. Mr. Adams, one of our demonstrators of morbid anatomy was, I think, the first who proved that this morbid change is a growth of new cartilage and bone external to the old, to the surface of which it becomes inseparably connected. This opinion is chiefly based on the appearances shewn in sections of the bone. In the 3rd vol. of the Transactions of the London Pathological Society, is Mr A.'s paper, in which he states. The outlines of the head in its normal direction was indicated by the persistence more or less, of the thin shell of compact tissue—its natural limit—and also of an imperfect layer of articular cartilage: external to which, and extending from the circumference towards the centre, was a mass of finely cancellous new bone, which produced the irregular shape and enlargement. He also concludes that the new bone had been developed in the centre of the articular cartilage. In some ossification being equal in all directions, pseudo growths were formed; in others it extended as a ring like layer over the articular surface, thick and rounded at the circumference, narrowing to a point towards the centre of the head.

Dr. R. W. Smith first published an account of the disease in 5th Vol. Dublin Journal of Medical Science as "Morbus Coxæ senilis," since which Mr. R. Adams of Dublin described it in the Encyclopædia of Anatomy, as "Chronic Rheumatic Arthritis." Their observations well deserve perusal.

The clinical history of this disease is not so well known as its morbid appearances, for in spite of its name, its rheumatic origin is not always apparent. Many having it, never had the general symptoms of rheumatism. Some have attributed it to a blow, strain or other injury; but even then, though these be the excitants, the characteristics of the disease may still be due to a rheumatic diathesis, or the presence and circulation of the rheumatic poison in the current of the blood. For I believe in the humoral theory of rheumatism.

It is very important to know that in some these changes seem to be caused by a blow; and that their effects are as serious to the patient as those which are produced by a fracture of the neck of the thigh bone; for, a surgeon has been blamed for not detecting a fracture which did not exist, and the lesion has been shewn as a sample of united fracture of the neck within the capsule at the meeting of the British Association in Dublin in 1836, by Mr. Harris of Plymouth. This case was the more interesting from being that of Mathews, the celebrated comedian. The supposed fracture was attributed to a fall from his gig 10 years before his death, for though he got up and walked after the accident he was lame ever after. The most celebrated London surgeons saw him, but could not determine whether there was fracture or not. He was confined to the sofa for a twelve-month. Mr. R. Adams has recorded the case, and at the time proved to the association its nature. The limb was shortened, wasted and everted.