

at any later, and for obvious reasons. Whilst the extremity is immovably fixed by hydraulic pressure, the adductor muscles are nightly agitated by reflected spasms, and kept on the stretch. The limb becomes attenuated and exhibits marked disproportion with its fellow, the constitution, rest, appetite, suffer gravely, and reduce the patient in weight and appearance. The effusion may still be of a plastic and organizable character; sero-purulent, or exclusively pus: may be free from, or contaminated with structural detritus, benign or destructive. Its composition will naturally determine the issue of the case. If the effusion be mild, plastic, benign, free from deleterious admixture, its partial absorption and final organization into fibrous structure may take place and thus terminate the malady. Or its quantity may lead to a disruption of the capsular ligament, and the escape of the intra-articular effusion into the surroundings of the joint, and there become organised and innocuous. Through similar changes the sero-purulent effusion may pass with the same result.

But if the articular contents are of a destructive character, they may, by macerating and corroding the acetabulum pass into the pelvic cavity through the cotyloid notch, or through the capsular ligament, and will invariably give rise to the formation of abscess, corresponding in locality with the place of perforation.

In the moment the perforation is effected a new series of symptoms appears, and with which the third stage of the disease is ushered in.

*The third stage* is distinguished by diametrically opposite symptoms. The contrast of the two stages can best be realized by placing them in juxtaposition.

*Second stage.*

Affected limb.

Apparently elongated.

Abducted.

Flexed at hip and knee.

Toes everted.

Foot fully on the ground

Healthy limb adducted

Pelvis lowered.

Pelvis projects forward.

Pelvis angle of inclination acute.

Nates flattened.

Gluteal fold lowered.

Internatal fissure inclined to affected side.

Spine curved on the affected side

Nocturnal pain very intense.

*Third stage.*

Affected limb.

Apparently shortened.

Adducted.

Flexed at hip.

Toes inverted.

Ball of toes only.

Abducted.

Tilted up.

Backward.

Almost rectangular.

Full and convex.

Elevated.

Inclined towards the opposite side.

Curved towards the other side.

Greatly diminished.