surrounding the joint, are conjested and the tissue itself hypertrophied and largely filled with fat.

Instead of remaining confined to the fibrous structure of the hip-joint, the inflammatory action may have spread to its serous tissue; and having influenced this in the diseased action, all the symptoms of synovial inflammation will be developed and added to those which indicate the affection of the fibrous tissues. There will be found more or less effusion into the cavity of the joint, the character of the pain will be changed, now acute and easily increased by pressure on the trochanter major. The areola tissue external to the capsular ligament may participate in a similar excitement, and effusion of serum into its meshes may be the result, that will give a swelled and enlarged appearance to the whole hip. On the occurrence of this serous effusion, the diseased vessels of the part may have been relieved from their state of conjestion, especially if proper means have been employed to assist the efforts of nature and a cure be now obtained; such is constantly the case in the disease called synovial rheumatism, and to our mind the extent of this disease alone constitutes the difference between gout and rheumatism. It would appear that the constitutional cause was similar in both complaints, but that in gout increased action is alone present in the fibrous tissues, while in acute rheumatism it has spread to the synovial membrane.

Should the amount of inflammatory action in the fibrous tissues be more intense, the effusion of albumen and fibrine may occur in the fibrous structure, this is generally but small in quantity, for the unyielding tenseness of its fibres would seem not very readily to permit it to take on the changes, to which this morbid blastema is constantly liable, but as the impulse is soon spread to the synovial structure within the joint, this effusion often occurs there to a considerable amount, and may likewise happen in the areola tissue without the capsular ligament. When the fibrine or blastema which has been effused into the cavity of the hip-joint, has failed to become organized, it softens, and pus corpuscles are in time developed, until matter is largely formed within the joint. The disease will now be found to implicate all the textures of the joint, and will follow in its onward course all the steps, and be liable to all the changes, which has already been pointed to, in disease of the synovial membrane, until, in all probability, consecutive dislocation, or death is the result.

As a consequence also of the effusion of coagulable lymph into the areola tissue, without the capsular ligament,