

of life. In some instances as many as four of the large joints were involved. In one infant swelling of the right knee was noticed very soon after birth, and in the next month the opposite knee, the left elbow, and the left ankle, were attacked. In one case a female infant, four weeks old, along with purulent poly-arthritis, had empyema. In these cases on necropsy it was almost invariably found that the arthritis was secondary to an abscess which had developed in the end of one of the bones forming a joint, and had made its way through a pinhole orifice in the cartilage into the joint. When his paper was written Sir Thomas Smith was not in a position fully to explain the pathology of these abscesses, although the necropsy indicated in some of the instances that the cases were associated with pyemia. But no one would, I think, at present hesitate to believe that they were infective in their origin. Probably the infective agent concerned was either the streptococcus pyogenes or the staphylococcus. Precisely where the primary infective process was situated is uncertain. In some instances it perhaps was connected with suppuration around the funis, in others with septic conditions in the nose or pharynx, whence, or from some other locality, the infection was carried in the blood stream into the vascular cancellous tissue in the end of one of the bones. My object in mentioning these cases is to add them, as I am sure I may do, to the list of cases of infective arthritis.

The following cases have been seen in the past few years, either in consultation or in St. Bartholomew's Hospital;

CASE 1.—A man, aged 54, who had been a free liver, and had diabetes, had a large boil on the abdomen, near the groin. This was opened, and two drachms of offensive pus were let out. Within two or three days he had very acute inflammation of the right knee-joint, which became flexed, considerably swollen, and globular from periarticular infiltration (there was no fluid in the joint) and intensely painful. The skin was red and shiny, suggesting early suppuration, but none occurred. The patient had a high temperature and was very ill. On seeing him, with Mr. John Adams, of Aldersgate Street, I suggested boric fomentations and weight extension. Under treatment, very carefully carried out by Mr. Adams' partner, Dr. Dyson, slow improvement occurred, and in six months the patient was able to be upon crutches; fibrous ankylosis, however, occurred. The patient is now well, and the joint is free from pain. The knee is slightly flexed, and quite stiff.

CASE 2.—A case almost exactly similar, except that the source of infection was untraced, was that of a lady, aged 37,