

specifically heavier than water—when first evacuated it has an alkaline reaction, but after standing, changes by degrees, so as to exhibit an acid condition; this character of the discharge continues for a longer or shorter period, in all probability dependent upon the amount and rapidity of softening, of the effused blastema, but by degrees the pus loses its normal character, it ceases to be thick and opaque, but becomes thin and transparent, often has an offensive smell, and not unfrequently appears peculiarly acrid and irritating. It now appears evident that a state of transition is progressing; the cells in the amorphous blastema, have become to a considerable extent exhausted, and now the structures of the joint itself are submitted to the dissolving influence of the discharge, are more or less destroyed, and by such means are removed from the system, so that perhaps destruction of the Synovial membrane has become general, ulceration of the cartilages to a considerable extent may have taken place, and the disease have progressed in the bony structure itself until we find that the neck of the thigh bone, and a very considerable part of the cotyloid cavity has been removed from the joint. Consequent upon this destruction and removal of these portions of the joint, we find a great change to occur, for instead of the head of the thigh bone, placed upon its long neck descending into the deep and firm cavity of the acetabulum, having so secure and strong a hold as almost to bid defiance to our attempts at removal, and that even after the tough capsular ligament has been entirely cut through, we find what remains of the head and neck of the bone, protruded from the now comparatively shallow cavity in the bones of the pelvis; in fact the very character of the joint has been changed by the disease, so that the natural action of the muscles which perform its several movements in a normal condition, are now able to produce a separation of the bones; all the natural continuity, between the femur and cotyloid cavity being dissolved, dislocation of the hip joint is the consequence. The direction in which this dislocated extremity of the thigh bone shall be placed, would seem to be dependent upon the position of the limb at the moment of this separation, if the patient lying upon his back in bed, should have flexed the knee, adducted the thigh, and have rotated the toe inwards, so as to have relieved the surface of the joint from all pressure in the first instance, and have subsequently maintained that position inflexibly, as soon as the disease shall have so far progressed that the joint shall cease to offer the natural impediments to the retraction of the thigh bone this will be drawn upwards by the action of the great muscles, and lodged upon dorsum of the Ilium; again the position of the patient may have become changed from the weariness of his posture, should he have turned upon his side, and thereby have abducted