

no pains to make his book as complete a guide as possible to the stranger seeking information in Parisian medical matters.

We would strongly advise the student or physician, who may intend visiting Paris, to provide himself with a copy of this work. He will find it a most useful companion. It is published in Paris, in two volumes, for six francs, and may be obtained from H. Bailliere, 290 Broadway, New York; H. Bailliere, 219 Regent Street, London, and J. B. Bailliere, 19 Rue Haute-fenille, Paris.

CLINICAL LECTURE.

Clinical Lecture on Diseases and Injuries of the Joints. By Samuel Solly, Esq., F. R. S., Senior Assistant Surgeon to St. Thomas' Hospital. (Condensed from the *Lancet*.)

The form of disease I propose calling your attention to, is not very common; it has been called chronic rheumatic arthritis, and comes on very insidiously. I will illustrate it from a case in private. The patient at first complains of a little pain on the inner side of the thigh and knee; he soon finds some difficulty in walking, specially in the morning, and though the pain often increases, the stiffness wears off towards the evening. As the disease advances, the pain is more constant, and though it varies in intensity it is never entirely absent. The most striking feature is the gradual immobility of the joint. Patients cannot stoop to tie their shoes or garters. In sitting down they extend the affected limb; they prefer sitting on a high stool. My case did not suffer much from the movements which I gave the joint during my examination, but she could not bear any firm pressure over the capsule either in front or behind. Not much change in the form of the joint was detected, though the trochanter on that side seemed more prominent. In walking, she rotated the whole pelvis and had great difficulty in moving at all. In her disease had advanced rapidly, for it is only about 12 months since she felt the hip amiss; she could not trace it to any special cause. The disease very gradually reached its present severity. She never had rheumatism in any other joint. Yet she lived in a very damp situation with a clay soil. No medicine controlled it, and local anodynes soon lost their effect. Chloroform on the whole was most effective. Most permanent relief was given by Dr. Arnott's hot water cushion, and for four nights she slept calmly, the fifth night the cushion was out of order and all the pain came back. She died suddenly with symptoms of fatty heart.

Post Mortem.—Hip-joint, capsule thick; no pus within. Synovial membrane slightly inflamed in patches, with little nodules similar in size and form to the osseous and ivory nodules on the neck of the bone: also fringed projections like those described by Mr. Rainey: running from its under surface to the neck were many thin bands and threads of organized fibrin. An osseous tubercle, the size of a small marble was embodied in the capsular ligament, over the anterior intertrochantric line. The head of the bone is enlarged, and it is carried over the neck with a deeply fringed mushroom shaped edge. There is a semi-circular ulcerated