

especial seat of gout and rheumatism. Dr. Gairod has succeeded in demonstrating the presence of urate of soda in the blood of patients labouring under these complaints. He has collected the blood from a gouty patient, evaporated it to dryness over a water-bath, and then reduced the mass to a dry powder. This was digested in water at the temperature of 100° for an hour. Having dissolved out the urate of soda, and having evaporated the solution to a small bulk, he added a little strong acetic acid, acetate of soda was formed, and crystals of uric acid deposited after a few hours; at the same time that he demonstrated that urate of soda existed in the blood of gouty patients, he showed that urea was remarkably deficient in the urine, and that this was especially observable immediately before a paroxysm of the disease, facts that clearly indicate that this peculiar inflammatory action of the fibrous structure is mainly dependant upon, or greatly influenced by this morbid product in the blood. The universal distribution of the urate of soda throughout the whole mass of the blood may, in some degree, account for the intense constitutional irritation attending some varieties of inflammatory action of the fibrous tissues, and may serve to explain how every case of inflammation that attacks the various tissues of the body will be influenced by the different conditions, and varying peculiarities of the vascular fluid.

Without doubt, inflammation of the structure of the ligaments may occur without the necessity of gout or rheumatism being present in the constitution, but should such peculiarity happen to exist, it makes the disease both more severe in its character and more lengthened in its duration. The severity, however, is rather dependent upon the pain and constitutional irritation than upon the organic changes which happen to the part, for individuals may have off-repeated returns of inflammation, without complete destruction of the hip-joint. Inflammatory action may arise from a strain or other injury, and is constantly more or less attendant upon dislocation of the joints, and in old persons the disease may remain for years the pertinacious adherent of the injured structure. The result of this condition is, that the fibrous structure of the ligament remains considerably swelled, softened and greatly thickened from the increased amount of serous fluid in which it is, as it were, constantly macerated, while the naturally transparent vessels continue to be filled and distended with red blood, marking a continuous hyperæmic condition of these vessels in which the neighbouring tissues participate; hence we often have seen effusion into the cavity of the hip-joint and constantly find that the blood vessels of the areola structure