cide the question. The case is one of those exceptional instances of a good recovery after most extensive injury, and the result is not to be ascribed to any extra skill in its management, but to the unusual nature of the accident.

Lecture on the Anatomical Character of Joint Diseases, delivered at the McGill University, Montreal. By LOUIS BAUER, M.D., M.R.C.S., Eng., &c.

GENTLEMEN,—All the anatomical components of a joint may separately and collectively become diseased. Their morbid susceptibility varies however in a material degree. The articular cartilage occupies obviously the lowest point in the scale. In conformity with its purely physical office, it is elastic, only indifferently organized, and devoid of nerves and vessels. Its nutrition is therefore of a low order, accomplished chiefly by transudation and imbibition. Reasoning from these premises it might *a priori* be assumed that this structure possesses but a trifling susceptibility to independent morbid action. This supposition receives additional strength from experiments upon animals by Redfern, O. Weber, and others who find that neither physical violence nor chemical irritants have much lasting effect upon articular cartilage. The intervertebral fibro-cartilages are of higher organization, and are therefore endowed with a more decided susceptibility to morbid changes than those of joints. I have made clinical observations to this effect, and I have recorded one case of inflammatory disintegration of so striking a character, that no reasonable doubt could be raised against it. In advanced diseases of joints and of the spine it is impossible to determine whether the cartilage or some other structure has been first affected. The destruction is commonly so general as to leave no room for speculation. I am inclined to believe that the cartilage suffers but rarely from primary lesion, but that it often participates in the affection of the subjacent bone, and is subject to disintegration from purulent maceration.

That the cartilage displays but a passive character in the so called *arthritis deformans progressiva* is now well understood.

The synovial lining is a sort of intermediate structure. It does not conform to serous membranes with which it has heretofore been classed. Its greater thickness, albuminous secretion and layered epithelium bring it nearer to the anatomical structures of mucous membranes from which it differs by the absence of mucous follicles. The Haversian glands are no glands at all, but synovial insaculations filled with fat. Gosselin's fimbriæ have thus far not met with general acceptance, nor have their functions been fully ascertained.