

It is not so easy to distinguish whether the adhesions are intra or extra-capsular.

"Frequently it is impossible to make this distinction, except when force is being applied, and the adhesions are being ruptured. There, it may usually be stated with precision; and not only the positions of the adhesions, but also their extent."

Our author points out how the form of inflammation that attacked the joint in the first instance will assist us in arriving at a correct diagnosis and that upon our forming a correct diagnosis will depend our selection of the method of treatment to be adopted, in other words whether we shall proceed by gradual extension, or at once break up the adhesions and forcibly overcome the ankylosis.

The following interesting case will illustrate what Mr. Broadhurst recommends, and affords a good specimen of urethral rheumatism.

W. G——, aged 23, July 1859:—Four years ago having exposed himself to infection of gonorrhœa the urethral discharge appeared on the 7th day; and it was followed, in a fortnight, by pain and swelling in the knee joints. This inflammation about the knees lasted for two months, when it entirely ceased, and he appeared to be well. The gonorrhœa also had ceased, having yielded to cubebs in three weeks.

Two months after the articular inflammation had ceased, he was again attacked; this time, however, with tenfold violence. On this occasion the right-temporo-maxillary articulation first became inflamed, and later other joints in the order in which they are here mentioned, namely, the ankle and the hip of the left side, the right hip, ankle and knee, both thumbs, both elbows, and both shoulders.

The joints of the upper extremities recovered well, without any perceptible trace of inflammation being left; but the jaw became stiff, as well as both hips and both knees. During the continuance of the inflammation, the right hip and the left knee were more painful than the other joints, but the right knee was much more swollen than the left, and the right hip was more swollen as well as more painful than the left hip.

There was slight motion of the jaw, which allowed the incisor teeth to be separated to about one eighth of an inch. And the left knee also could be slightly moved, just sufficient to alter the angle, but the leg could not be extended, the hamstring muscles being contracted. In the other affected joints there was no appreciable motion.

Such was his condition, when it was suggested by Dr. William Clarke that he should consult me.

I had the advantage of meeting Dr. Gull and Mr. Fergusson in consultation; when it was agreed that the forcible rupture of the adhesions offered the only means of restoring the motion of the joints. It was therefore resolved to try the effect of forcible rupture on the left hip joint.

For this purpose we met on the 4th of August, having moulded a splint, and having fixed my patient in the recumbent position, in such a manner that motion of the pelvis was prevented, I secured the right thigh in an extended