

painless. These preparations I regard as essential, to obtain a full knowledge of the character and extent of the disease.

I do not deem it necessary to enter into the full details of the examination with which you are already acquainted. But a few points deserve special attention. In the first place, we have to ascertain the condition of the bones constituting the affected joints, and find out whether the disease has originated remote from the joint, in the periosteum or in the bone itself. In either case, we shall find by comparison, that the circumference of the bone is increased and the adjacent tissues more or less infiltrated, its surface be uneven, pressure upon it be tender, and by bending the bone, we occasionally find that it has lost its elasticity and hardness. We have next to direct our attention upon the condyles, compare their size, elasticity and sensitiveness with the corresponding condyles of the other limb. Frequent practice will enable us to discern changes which are easily overlooked and ignored by the novice. There is a certain degree of elasticity in the condyles, which is lost by the morbid alterations, even the increased tenderness of the bony structure becomes manifest, though the patient be in anæsthesia. On moving the joint carefully, we ascertain the degree of mobility and the changes that may have taken place in the articular surfaces. Polypiform growths of the synovial membrane may thus be discovered, when they are too small for the touch of the finger. Crepitus would be the evidence of destruction of cartilage; its absence proves nothing to the contrary, as we have learned on a former occasion. If the joint allows an undue lateral or rotatory movement, we may infer that the lateral or intermediate ligaments have become destroyed, and if combined with crepitus, it may indicate that the articular faces have been materially flattened and changed in form. If the periarticular tissues of a joint are largely infiltrated, and the joint itself is either dry or contains but little fluid, we have the more reason to suspect bone disease, and centre our attention upon the condition of the osseous structure. A distension of the articular cavity without induration of the periarticular structures, indicates synovitis.

During the anæsthesia, we can but ascertain whether the malposition is produced by interarticular adhesion or muscular contractions, or both, and, moreover, whether the contracted muscles still retain their expansibility, or have more or less lost it. If there are sinuses about the joint we must try to discover their course and termination, though they may be very circuitous. I have found pewter and elastic probes more available for this purpose than silver ones; and large probes better than the finer ones. In this way, gentlemen, we shall arrive at a clear under-