as a careful practitioner and zealous student in this branch of surgery. The views contained in the volume before us are the result of his experience up to the present time. He gives us a short account of the various forms of synovitis that may end in anchylosis as simple,acute, sub acute, and chronic synovitis; rheumatic synovitis, syphilitic and scrotulous synovitis. The cases in which he has met with most success appear to have been those which resulted from rheumatic attacks about the hip joint. His success in the treatment of these has been very great, and indeed we consider that it is to this circumstance he is indebted for much of his reputation, for in the management of anchylosis in other joints his treatment is not more successful than that of many other practitioners, nor has he added much to our knowledge in this branch.

Amongst some of the most interesting of the cases are four examples of anchylosis of the hip joint, the consequence of gonorrhœal, or as it is now termed *urethral* rheumatism, and there is also an interesting case of anchylosis of the hip following gunshot wound, in which his treatment was very successful. Before detailing some of these cases we shall allow our author to speak for himself on the points of diagnosis between bony and false anchylosis.

Mr. Broadhurst shows that the statement of Bonnet, made before anæsthetics were employed, that we have not any certain signs by which we can recognize bony anchylosis, cannot apply to our practice in the present day, for by means of chloroform we are now enabled to detect bony from false anchylosis. It may be impossible, however, so perfectly to grasp a bulky limb with one hand above and the other below the articulation, and thus to overcome the influence of its proper muscles, as that no doubt should exist with regard to the condition of the articulation.

"As a general rule, the sensation of solidity is unmistakable on grasping the limb above and below the articulation. Bony consolidation in the moveable articulation is so rare, however, that an examination should always be instituted after the full effect of chloroform has been obained, before an opinion favorable to synostosis is delivered.

"False anchylosis is the rule; and it is so common that adhesions should always be held to be fibrous, until they are proved to be bony."

"Immobility alone is not a sign of synostosis; it not unfrequently exists where the adhesions are fibrous. And even where chloroform has been administered, immobility may be as great as before."

"Immobility will frequently exist until muscular action is entirely removed through anæsthetic influence: then, a certain, definite amount of motion may usually be obtained. Occasionally, however, the limb will remain utterly motionless as before, but the sensation communicated to the hand will not be that of bony union."

Mr. Broadhurst gives some good practical rules which we quote.

"Whenever the muscles can be thrown into action so as to render the tendons prominent, or tense about a joint, the adhesions are not bony; nor are they bony where the slightest motion is found to exist. Great gentleness and tact are necessary to distinguish exactly the condition of a joint. Rough handling is inadmissible in any case."