

causes, and harp upon the same with great pertinacity, simply because the true occasion is in the past, and has slipped their memory, whereas trivialities are brought forth because they happened at a time, soon after which the disease assumed form and importance. I have been startled by the simplicity with which even modern writers on the subject, have allowed themselves to be stultified with the most innocent and harmless occurrences, as for instance "sitting down on the grass," or "on a cold stone," or "having run about a good deal," &c. I cannot persuade myself that such trivialities can constitute legitimate and reasonably acceptable causes of joint diseases, even if they are printed over the signature of a respected surgical name.

In closely investigating further, you will learn that there have been *traumatic influences* of some kind or other, more or less *direct* upon the articulation, and if nothing of the kind could be traced, I would not hesitate in assuming the same, if the previous health of the patient had been untainted with manifestations, which can be justly ascribed to chronic nutritive derangements and a vitiated domestic atmosphere. That a traumatic accident has by weeks and even months preceded the actual disease is no argument against its injury, since we know from the preceding remarks, that more or less time will necessarily intervene between the accident and the disease, to bring about those changes in the structures, which can attract attention. Moreover, it is mostly the local pain and the disturbance in the use of the joint, before any notice at all is taken, and either of them are but mere remote results.

We may then proceed with a general inspection of the patient; his general appearance; as to the present state of his health, and the actions of the respective systems. If the patient presents pallor, general attenuation, and prostration, you may rest assured that the disease has far advanced, and shaken his general health by the incidental reactions upon rest, appetite and nutrition.

The patient should then be undressed so as to obtain a full view of the articulation, and the affected member in general; we ought to note its circumference and position, and compare it with the other extremity; institute locomotion, and carefully observe how the joint is used and the limb is put to an account. If the patient should limp, we ought to determine whether the limping depends on immobility or tenderness of the affected articulation, or on malposition, or deficiency in the length of the member.

In fine the patient should be placed on a suitable table, so as to be accessible from all sides, and be put under the full influence of an anæsthetic, that volition may be suspended and the rest of the examination be