

ment employed consisted of local counter-irritants, blisters, tincture of iodine, an issue; mercurial, and iodide of potassium, in alterative doses for some time. The joint was put up in the manner recommended by Scott; and again, immobility was secured by the double-inclined plane. At first, the pain was relieved completely by the issue, and, although it returned in the head of the femur in October last, and was accompanied by gradual increase of the swelling, it did not regain its previous degree. All means having failed to arrest the disease, I now made an exploratory puncture of the joint with a fine trocar, and obtained chiefly a sanguineous-looking followed by a thin straw-coloured fluid, a portion of which was forwarded by letter to yourself, for microscopic examination; but you have informed me you never received it."

At the consultation, we found Mr. K. in very good health for a person confined so long to the house (10 months); thin, but not much emaciated; slightly anxious-looking, but hopeful; pulse rather frequent, small and quick; digestive functions well performed, and appetite fair; no cough, and nothing abnormal discovered on physical examination of chest.

Since October last, he has suffered rather severe pain in the head of the femur or across the upper part of the knee, especially in the afternoons; but it has been easily alleviated by a small dose of morphia, and has never been of an intolerable or very severe character.

The right knee presents a smooth uniform enlargement, extending from the head of the tibia upwards, say four inches on the femur. It has very much the contour seen in thickening of the synovial membrane of this joint. The integument of the part is of the same colour as the rest of the limb; a few moderately large veins are visible beneath it; there is no tenderness at any point unless very firm pressure is made over the external condyle. A somewhat elastic, somewhat doughy sensation is experienced in handling this part, especially on each side of the patella. Over the external condyle, the swelling is more yielding, and here two distinct plates of bones can be felt, apparently formed in the substance of the external lateral ligament, or in the thickened fibrous tissue of the part. Pressure on these osseous fragments easily forced them inwards, and proved that the lower one, situate at the lowest part of the outer condyle, is irregular, while the upper one, extending from the latter in the direction of the external ligament, is long and narrow. No distinct fluctuation present anywhere; but it is somewhat simulated at this portion of the knee, and the opening made by the trocar is here situated. The patella does not float, and is but slightly moveable. The popliteal space is filled up by a firm material. No pain whatever, is experienced on percussing the heel or forcibly rotating the tibia on the femur. The leg is partially flexed on the thigh, and admits of some movements of flexion and extension, but not to any great extent; it has been kept in this position for several months. He cannot bear any weight on the toes of the right foot, and in raising the limb from the bed he grasps the leg in his hands to aid the pelvic and crural muscles.

Careful manipulation proves the tumefaction to involve, chiefly, if not exclusively, the condyles and lower part of the shaft of the femur, and to

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