

lous structure is not unlike the tissues of the lungs and the synovial membrane bears a somewhat similar relation to the cancellous structure as does the pleura to the lungs. Primary tuberculosis of the synovial membrane is as rare as primary tuberculosis of the pleura.

It is important when dealing with the management of chronic joint diseases, not only to know that tuberculosis is an important factor in their condition, but also it is important to know that the disease begins in the hard structures and not in the soft structures of the joint. It is not the intention here to refer to the local treatment of these cases, but to make mention of the importance of not neglecting general measures.

No doubt, when the tuberculous nature of many cases of hip joint diseases is recognized, excision will be more generally performed than it is, but on this subject and the equally interesting and important one of the so-called "anti-tuberculous properties" of iodoform we will not now enter. At present reference will only be made to the general treatment of joint tuberculosis by means of arsenic.

Langenbeck, a few weeks ago, gave an account before the Berlin Medical Society of six cases of tuberculosis of joints treated with arsenic after excision had been performed. Three of the cases were where the elbow joint was resected, one where the hip joint was resected, and in the two remaining cases the knee joint had been removed. All on account of tuberculosis. The details of only one case are published up to the present. It was that of a child aged 8, who was brought to Langenbeck last December, with inflammation of the left hip joint of a year and a half standing. The child was very much reduced and had almost constantly considerable elevation of temperature. The region over the left hip joint was greatly swollen, and so sensitive that the examination had to be made under chloroform. The joint was immediately excised. The head of the femur was in part destroyed and dislocated. The resection was made beneath the level of the trochanter. The acetabulum was so infiltrated that it had to be perforated, and a portion of it in all its depth removed. The granulations on