

Tibia—Situated in posterior middle portion of the head of *Tibia* about $\frac{1}{5}$ inch below the articular surface there was found an old chronic abscess of the bone, the cavity measuring $\frac{3}{4}$ inch antero-posterity and $\frac{1}{2}$ inch from above down. Leading from this towards posterior portion of the articular surface is a sinus with recent carious walls. Passing downward from this cavity there is an area of recent tubercular infiltration about 1 inch square showing as a red gelatinous nodule with rarefaction of the bone. The remainder of the tibia seems to be normal.

The *synovial membrane* of the knee is in a typical condition of pulpy degeneration. The articular cartilages of the tibia are ulcerated, only small portions being still intact. The semilunar cartilages still persist. The crucial ligaments are destroyed.

The right articular cartilage of the femur shows marginal destruction and slight central ulceration. The left cartilage is covered with "a veil of granulation tissue."

The *Patella* is not involved except by slight marginal ulceration of its articular cartilage.

In the femur beginning 1 inch above joint line there is seen a red gelatinous tubercular nodule about $\frac{3}{4}$ inch square. The remainder of the lower end of the femur is not involved.

Pathological history bears out the clinical characteristics. Years ago tubercle of head of tibia ending in production of cold abscess, which kept always troubling him, yet remained latent till recently (say within a year). Bacilli of Tubercle probably present still in abscess, again became capable of invasion. Then we have extension to joint and extension downwards. The nodule in the femur is of secondary formation *via* the blood current.

W. G. ANGLIN.