it to say that tubercle in the so-called tubercular synovitis (a rare disease) is thus produced; the tubercle is not a cause of the inflammation, but is formed from a product of that action. Abscesses in the periarticular tissues are produced by change of the granulation-cell into the highly generative pus-cell. Fatty degeneration is frequent, and produces death of the degenerate and suppuration of the surrounding portion. If these take place in the tissue which springs from the bone, and occupies the cancelli, masses of the osseous tissue may slough and come away. With all this the disease spreads, abscesses form amongst the deep muscles, and the inflammation runs along the medullary canal.

The further development consists, as we have already seen, in an interstitial change of the cells into fibre-cells and fibres, and ultimately into new coarse areolar tissue. If this have been perfected during the first stage, the joint will be restored without further damage than a certain amount of thickening and difficulty of movement. If in the second stage, the state left will depend on the more or less advanced condition of that stage. If the cartilage have disappeared, the granulations from the bone and those from the synovial membrane are intermingled, and fill the cavity; they will, on becoming fibrous, form a strong but flexible bond of union between the bones—a false anchylosis; and if after a longer period the fibres ossify, a true anchylosis will be established.

Thus the condition in which this process will leave the joint, varying from a mere inconvenient thickening to utter stiffness, depends upon the stage to which the malady had previously advanced, and our endeavours must be therefore directed to bring on the developing action as early as possible; to convert the already formed granulations into fibrous tissue, and to prevent the further spread of the granulating process.

(To be concluded.)

ON

THREE CASES OF PHLEBITIS OCCURRING IN PATIENTS AFFECTED WITH THE SYPHILITIC POISON.

By G. P. GIRDWOOD, Esq., M.R.C.S.,
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In the autumn of 1857 I was called upon to attend a gentleman for syphilis. The primary sore was very slight, quite superficial, and healed up in the course of a few days. Within three weeks of my first seeing him a secondary eruption of maculæ made its appearance. This was treated with iodide of potassium and bichloride of mercury. Fissura in ano now made its appearance, from which my patient suffered very much; this misery, however, soon yielded to the application of black-wash and the administration of Plummer's pill. As time passed on the eruption disappeared, and was succeeded by an ulcerated condition of the mouth and fauces. The ulcerations soon healed, under the application of a solution of bichloride of mercury, of a strength of four grains to the ounce, painted on frequently during the day. The syphilitic poison, however, had now reduced him very much, and he was in a low, irritable state of system, when one morning, having been under treatment for three months, he showed me a small hardened tumour in the course of the long saphena vein of the left leg. This I found to be the result of inflammation of the vein. The swelling was situated opposite the lower end of the belly of the gastrocnemius muscle, and for about three inches above and below this point the vessel was hard and inflamed, and apparently obliterated. Bark and sulphuric acid were administered, good living was recommended, and blue ointment smeared along the course of the inflamed vein. The inflammation soon subsided, and in a few days the hardened cord representing the vein disappeared, leaving the vein in its normal condition. Two weeks passed, and then the saphena major of the left leg was attacked in a similar manner at the centre of its course. The inflammation in this fresh attack extended up to the saphena opening. The treatment that was adopted formerly soon checked the inflammation on this occasion also, but as the inflammation disappeared in the left leg, it appeared precisely in the corresponding place in the right leg. This diseased state of vein also quietly subsided, leaving the veins pervious as

before. The patient is still suffering from syphilitic poison. This fact is evidenced by several maculæ that make their appearance from time to time, as also by a recurrence of the fissures in the anus. Now may I propound this question: Was this an attack of idiopathic phlebitis occurring coetaneously with a syphilitic state of the body? or was it an attack the result of the action of syphilitic poison? I have never heard that phlebitis has been noticed as a sequel to syphilis, and in my intercourse with others I have not found anyone who has noticed it as a result of the action on the system of this poison.

In January last, I was called upon to attend a man in the regiment to which I am attached, attacked with phlebitis of the saphena major vein of the left leg. The attack had come on without any cause that could be assigned. The man was in a weak, irritable state of body. He was treated in the same way as the patient whose case I have described, and the course of the case was almost identical. The left vein became a hardened cord for two-thirds of its length; this was gradually relieved under the treatment adopted; and as the inflammation in the left leg subsided, it was interesting to notice that the vein in the right leg was attacked. In the course of a fortnight this fresh inroad also was removed. On referring to the history of this man, I found that he had been under treatment for a small superficial syphilitic sore two months previously, which had healed in a few days. He had not taken mercury. The phlebitis was followed in a short time by an eruption of copper-coloured maculæ, which rapidly disappeared under the use of iodide of potassium.

In February of the present year, I was called upon to attend another case precisely similar. A small superficial sore on the glans penis healed rapidly without the exhibition of mercury, and was succeeded, in the course of three weeks, by an eruption of maculæ, accompanied by phlebitis of the left saphena major vein. The inflammation yielded readily under the same treatment as in the two previous cases, and appeared in the right leg as it yielded in the left.

There is an identity in these three cases which is remarkable. In each case the primary sore was small and superficial, and quickly healed without the internal administration of mercury. In not any one of the cases was there a bubo. In all three, the phlebitis attacked the left saphena vein first, and subsequently the right. In all three, the attack lasted nearly the same time, and yielded under the same treatment. In all three there was the same kind of eruption. In the first case, there was one symptom which was wanting in the other two—namely, a faltering condition of the pulse; this faltering condition of the pulse I have had pointed out as being a dangerous symptom in phlebitis, and leading to an unfavourable prognosis.

The identity in these three cases points, I think, to something more than simple coincidence; it looks very like cause and effect. It would greatly assist us in forming a conclusion as to whether we are to look upon phlebitis as a sequel to syphilis, if anyone reading these cases, and knowing of others similar, would record them.

Wellington Barracks, 1860.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 12TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

CONTRIBUTIONS TO THE PATHOLOGY OF DISLOCATIONS OF THE SHOULDER-JOINT.

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THE object of this paper was to reconcile the discrepancies and correct the errors which are found in the descriptions of the dislocations at the shoulder-joint given by most English and foreign surgical authors. In the endeavours to accomplish this object, three methods of investigation were adopted:—

1. An original examination of the symptoms of recent examples, and of the published records of cases.
2. Experiments upon the dead subject.
3. Examination of all the specimens which illustrate the subject preserved in the anatomical museums of London.

A table was appended of thirty-two recent cases, contributed