

*Two years and a half in a London General Hospital.* By G. F. SLACK, member of the Royal College of Surgeons, London, late House Surgeon Charing Cross Hospital.

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I think that Dr. Sayre is perfectly correct in his opinion that disease of the hip joint always originates from injury, and that strong healthy children are quite as liable to this affection as those that are of a weak scrofulous constitution. I have never failed to find a history of an injury of some kind, either a fall or a run over or a sprain, happening it may be a few months before, or several years may have passed by with the symptoms gradually becoming more distinct. Of course a very slight injury will set up the disease in a scrofulous child, and the disease will in such a case be more likely to run its course in spite of any treatment, and as a last resort the joint is excised. As such cases generally occur among the poor, they are usually taken to a Hospital for operation, which to a certain extent accounts for so many scrofulous children suffering from hip-joint disease, being found in Hospital, whereas, there are a great many strong healthy children suffering from this disease who never find their way into Hospital, from the fact that such cases are much more amenable to treatment, rest in bed alone often working a cure, or that they are the children of parents who can afford to have them treated at home, so that accounts of such cases are seldom recorded. As statistics about hip-joint disease have been chiefly taken from cases treated in Hospital, I think if a record of all the cases of hip-joint disease treated in private practice, had been kept, the results of such cases would be shewn to be much more satisfactory than of those that have been treated in Hospital, although a Hospital has so many advantages for such cases. If such be the case, attributing all cases of hip-joint disease to a scrofulous condition of blood would be wrong. The same applies to disease of knee-joint, ankle, &c., with this difference, that the symptoms of hip-joint disease are more obscure, less likely to attract attention, and consequently do not receive as early treatment as affections of other joints more easily examined and treated.

The progress of hip-joint disease is usually so slow, the symptoms so obscure, that it is difficult in many cases to fix the time of origin of the disease; especially if the patient be young, and the parents ignorant and stupid; or to connect that origin with an injury. In the knee, shoulder or ankle it is much easier to obtain a true history, as the symptoms

are more marked and run a more rapid course. In cases of joint disease, especially of the hip, occurring in children of a decidedly scrofulous constitution, I think that any hope of doing permanent good to the patient by excising the joints is almost out of the question. There remains a choice between two plans, either to let the disease run its course, simply stimulating and feeding the patient as much as possible, &c., or to amputate. The latter, I believe to be the only hope in such cases. Quite recently one or two cases of amputation at the hip-joint have been performed in children, where the hip-joint had been previously excised without effecting a cure. A rapid recovery was the result, and I think that instead of letting so many children, and such very intelligent children as these cases usually are, lie day after day dying by inches, amputation ought to be performed in many cases. The following case would be a good example:

A child about ten years of age, who had been suffering from hip-joint disease in its various stages for more than five years, was placed upon the table for operation. In attempting to throw out the head of the bone, the femur broke in two places at the junction of the upper and middle and of the middle and lower thirds, there being a mere shell of bone. The head of the femur was carefully removed, an interrupted Liston was applied, and for six weeks the case went on rapidly improving; the femur united firmly and the child's health improved very much. Here, however, the process of reparation came to a standstill; a slight discharge continued from the hip, gradually increasing; the belly became swollen, and the skin dry and waxy looking; in fact all those unfavorable symptoms, which are only too familiar to any one who has the care of cases of hip-joint disease. Had amputation at the hip been performed I have no doubt the child, if it survived the shock of the operation, would have made a rapid recovery.

Amputation at the hip-joint has been a very unsuccessful operation, but it must be remembered that in nearly every case, it has been performed for injury, that is a person in full health struck down by a bullet shattering the femur, or in the case of railway accidents or injuries from machinery, where the patient dies from shock of the accident and not of the operation? I have seen two cases: one where a railway porter had his thigh and leg crushed to jelly; this man, although a fine powerful fellow, survived the operation only a few minutes. Another was that of a delicate man who had previously suffered amputation of the leg, for malignant disease of ankle-joint; the disease returned in the knee some time