

granted that either the fall, or the blow with the poker, or probably both, had in some way injured the structures of the joint so as to set up morbid action. Such accidents are a common cause of the disease; but in what way any pathological condition could give rise to the single symptom of regular periodical pains, followed by apparent health, is a question I cannot undertake to answer.

The formation of an abscess on the anterior and outer side of the thigh, near the knee, was an unusual occurrence. Of course it is a common occurrence to have pus burrowing from the seat of disease among the muscles; but the places where pointing usually takes place are behind the joint, or just below the tensor vaginæ femoris, or in front of the joint, or at Poupert's ligament, or, by passing down by the side of the rectum, open on the back of the thigh. We find that in the summer of 1881, a year after coming to Canada, after a second abscess had closed in the groin, that the little girl was remarkably active, and that, although she did not attempt to use the leg in the way of walking, she was flying about on a crutch, and was good at using the skipping rope; and that the limb was allowed to swing about without any pain or discomfort in the hip joint. There can be but one inference respecting the joint at this time: namely, that there was no active disease there. Whatever may have been the condition of the joint while under treatment in Manchester, at this time the disease was evidently situated within the pelvis. From the account given of the case, it may be that the disease originated in the joint, beginning in the acetabulum. Whether there has been structural change in the constituents of the joint may be questioned. Or, it may be deemed quite possible that an external injury should affect the pelvic surface over the acetabulum, and that the resulting inflammation of the bone should produce inflammatory action within the contiguous

joint, that this latter action might come short of producing structural change and that eventually the inflammation should disappear from the joint, while intra-pelvic disease of the bone was in a state of progress. On this supposition we could account for the absence of pain in the joint at the present as well as at that time.

The aggravated symptoms and loss of health in March, shortly before I saw the patient, marked a crisis in the disease. According to statistics, disease involving the bones within the pelvis is usually fatal. But there are exceptions. Probably much depends upon whether there be caries or necrosis of the bone. In the former there is generally some constitutional fault, constituting the predisposing cause, so that the efforts at repair of the lung tissue are not by a want of vitality or a destructive action in the tissues, which cannot be overcome or resisted. While the older authorities, with a few modern ones, hold the opinion that morbus coxarius is always due to a constitutional cause of a scrofulous nature, I am of the opinion that in many cases the disease has only a traumatic origin. In this view not a few recent able writers coincide. In this case there is one fact which, to my mind, is sufficient proof that no caries has been present. I refer to the character of the discharge. At no time has it caused irritation of the skin around the sinus. Had the pus contained the debris of disorganized tissue, it would not have always presented the healthy appearance it has, and more or less irritation of the skin would have existed. As we have seen, the patient gradually rallied and after a few months recovered her previous state of health.

I now come to a noteworthy feature of the case, the unexpected formation of an abscess in the lumbar region. The origin of the pus is uncertain. Has the spine become affected, or has the pus, arising from iliac disease, found its way through the structures? Taking everything into considera-