

at St. John one to be long remembered by the profession in the Dominion. There are many questions to be discussed, and none more interesting than that of bringing the profession into harmony and unity in legislation, higher medical education, and one door as the legal road to medical practice. With that accomplished, order would be brought out of the chaos, and the profession in Canada would stand on a higher plane, making a practitioner in one part legalized from the Atlantic to the Pacific; nay, more—would lead to the extension of our privileges to the whole Empire. Why not? With a high standard of education, a regular curriculum of studies and honorable conduct in the practice of the profession, proofs of the same should always admit our men to every section of the great Dominion and the greater Empire.

The Medical Council met, organized and elected the following officers for the ensuing year:—*President*, Dr. James Macleod; *Vice-President*, Dr. F. P. Taylor; *Registrar*, Dr. Richard Johnson; *Secretary-Treasurer*, Dr. R. MacNeill; Dr. P. McLaren, Dr. P. Conroy, Dr. Alex MacNeill.

#### PRINCE EDWARD ISLAND MEDICAL SOCIETY.

This society held its annual meeting in the old Legislative Council Chamber at Charlottetown, on the 19th July. The President, Dr. Beer, of Charlottetown, gave a very able and exhaustive address, dealing with the improvements in Therapeutics, etc., myxedema and other diseases being described in a clear and lucid manner.

After the routine business of the Society was over, Dr. Conroy read an excellent paper on "Appendicitis."

The following gentlemen were elected by the Society as members of the Council for the ensuing year, viz.: Drs. Jas. McLeod, Richard Johnson, F. P. Taylor, R. MacNeill, P. McLaren, P. Conroy, Alex MacNeill.

The officers of the Society for the ensuing year were elected as follows:—*President*, Dr. McLaren, Brudenell, P.E.I.; *1st. Vice-President*, Dr. H. D. Johnson, Charlottetown; *2nd. Vice-President*, Dr. G. A. C. McIntosh, Murray River, P.E.I.; *3rd. Vice-President*, Dr. Alex MacNeill, Kensington;

*Secretary*, Dr. S. R. Jenkins, Charlottetown; *Treasurer*, Dr. Dorsey, Charlottetown; *Executive Committee*, Dr. S. R. Jenkins, Dr. Johnson, Dr. Warburton.

### Original Communications.

#### HIP-JOINT DISEASE—ITS PATHOLOGY, ETIOLOGY, DIAGNOSIS AND TREATMENT.

BY W. W. BREMNER, M.D.,

Late Assistant-Surgeon New York Hospital for Ruptured and Crippled; Orthopedic Surgeon Infant's Home and Infirmary; Surgeon to Orthopedic Department of Nursing-at-Home Dispensary.

The name Hip-joint Disease, though it might include several diseases of the hip, is usually restricted to tubercular disease of that joint.

Tubercular hip-joint disease, according to the weight of authority, usually begins as an osteitis. Out of sixteen leading authorities ten believe in an osseous origin as by far the most common, especially in children. It may also begin in either the synovial membrane or the cartilage, but in any case the ultimate result, if unchecked, is much the same, the destructive process gradually spreads, and the whole joint becomes affected.

The reasons which lead to the belief that the degenerative osteitis causing hip-joint disease is of a tubercular nature, are briefly as follows:

First—The frequency with which persons affected with joint disease contract general tuberculosis, phthisis or tubercular meningitis.

Second—The fact that pus or scrapings from a diseased joint when injected into animals will cause general tuberculosis in the same manner as sputum from a tubercular lung so injected. These experiments have been made so frequently and with such conclusive results, that there is practically no room for doubt.

Into the more minute details of the pathology there is not space to go; it is sufficient to state that in some way the bacilli of tuberculosis get into the bone, and under favoring circumstances commence to grow, forming a typical tubercle which spreads in all directions, most rapidly in those where it finds least resistance. In this way the joints become affected. At any stage in this process it is possible for the disease to become arrested, and absorption or encapsulment of the tubercle to take place.