

of the great assistance it affords in arriving at a correct estimate of the length of time disease has been present. The explanation of its occurrence has given rise to much interesting discussion, but the consensus of opinion is that it is due to two main factors, physiological disuse and reflex interference with the trophic centre in the cord. That it is not entirely due to physiological disuse is easily demonstrated by measuring the limbs of boys who have been in the hospital for two or three years, and who have used their healthy legs practically as little as their crippled ones. It will be found that the diseased limbs have still a smaller circumference than the strong, proving conclusively that some other influence has been at work. It will be remembered that the nerves which supply a joint come from the same segment of the cord as those supplying the surrounding muscles. We also know that the centres governing the nutrition of the part are in the anterior cornu of the same segment of the cord, so that it is very reasonable to suppose that the constant irritation of the disease sets up stimuli, which upon reaching the cord pass to the anterior cornu and are reflected down the trophic nerves, causing atrophy and retardation of growth.

In examining cases which present symptoms indicating morbus coxae, it is well to follow a regular routine. I shall describe that which is used at the Children's Hospital in writing up the history for the orthopedic surgeon.

A few questions usually suffice to give the admitting physician a clue to the nature of the affection. He then makes a rapid examination to convince himself that hip disease is present, and proceeds with his regular routine of inquiry on family history, previous history, and the history of the present illness.

He makes every effort to get a trace of tuberculosis in the family, and if not in the parents he goes on to the grandparents, uncles, aunts, etc., finding out exactly at what age and of what ailment each of the deceased died. He also makes inquiry as to the general health of the family, making note of the appearance of the relatives who have brought the child for admission.

Having satisfied himself on this score, he passes on to a rehearsal of the patient's previous history. Under this head he makes careful inquiry as to the child's general health, finding out whether he has been delicate or not, and testing the accuracy of the statements by questions as to appetite, bowel movements, etc. Note is then made of the variety, intensity and duration of the infectious diseases the child may have had, care being taken to see if there is any relation between them and the present affection of the hip.