

Savory of London, a few years ago, drew a very happy analogy between pulmonary and epiphysial tuberculosis. The cancellous structure of bone, apart from its hardness, is in structure almost identical with the parenchyma of lung. When the bacillus is lodged in lung tissue there radiates from this focus an inflammatory areola. If the focus is near the pleura the areola extends to this tissue, and may light up an ephemeral pleuritis. This pathological process is usually known by the symptoms produced. When the bacillus lodges on one or the other side of the epiphysial line, there radiates from this focus an areola just as we find in the lung. The signs produced are lameness, stiffness of the hip, possibly a rise of temperature, pain at the knee, reflex spasm, etc., in proportion to the degree of the inflammatory process. After a little while this process—exacerbation, we call it—undergoes resolution, for it is often ephemeral, and only a small spot of bone around the bacillus remains involved. This tissue, through which the inflammatory excursion, so to speak, has traversed, becomes more vulnerable. Recurring exacerbations destroy a larger area of tissue, and ultimately this central abscess cavity breaks through into the environment. In the disease under consideration it breaks, usually, into the capsule of the joint near the digital fossa, and we have suppurative synovitis, just as we have an empyema or a pyopneumothorax. A large clinical experience gives one a pretty intimate knowledge of the course, and the explanation of the various pathological processes becomes very easy. I can fully sympathize with fellow-practitioners who have members of their family thus afflicted, and can readily see how they cling to the traumatic theory. Few of us like to admit that any tuberculous process has invaded a member of our family. If the treatment of the traumatic hip disease differed from that of the constitutional disease, a differential diagnosis might be desirable. I am familiar with a great number of so-called traumatic cases. The families insist on this, the family physician likewise, and yet the course of the disease is identical with that occurring in a notoriously tuberculous subject.

There is another good reason, too, for belief in the tuberculous