

then results will seem to be more satisfactory than those which may reasonably be expected.

CASE 1. A. C., girl, seven years. Her father, a physician, informed me that the child had been lame a couple of weeks. I found a temperature of 103° , fixation of femur on pelvis with marked flexion and adduction. Family history good. Child was very restless, and when taken from the bed would not put foot of the affected limb upon the floor. There was a history of a possible sprain. Father had made a diagnosis of hip disease, but in this I could not concur. A definite diagnosis was not made, considering the case one of either acute epiphysitis, bursitis, or a simple synovitis. A few weeks' rest in bed resulted in a complete and permanent restoration to health.

CASE 2. Albert P., six years, in good health until one month previously, when he had fallen from a lumber pile, but was not much hurt and went to school next day. Was lame and remained at home for the next four weeks, in bed during the last few days. When examined he was very irritable, had a temperature of 103°F ., marked flexion and adduction of the femur. The attending physician had diagnosed hip disease, in which I concurred, and had a splint made and adjusted. Progress not being satisfactory, I saw the case again after two weeks, when examination under anesthesia revealed, lying above and nearly parallel with Poupart's ligament, a sausage-shaped swelling. Aspiration revealed the presence of pus, which was evacuated by entering behind and below the peritoneum. Recovery rapid and complete.

Seeing that in hip disease the joint tissues are invaded by a virus which tends to destroy them, which is never simply local but also has a nidus elsewhere in the system, the plan of campaign suggested in resisting its ravages is to call to our aid forces both local and general.

Nearly twenty years ago two important steps forward in the science of medicine were made, which supplied a marked stimulus to the operative surgery of joints, viz., the practice of asepticism and the discovery of the bacillus tuberculosis. It is not surprising that, encouraged by these victories, some went to extremes in availing themselves of the security afforded in operative work. An instance of this is seen in the teaching of Barker in his Hunterian lectures in 1887. He made claims so strongly in favor of early operation, resulting in speedy cures, that everywhere there were found surgeons who believed, and who acted on the belief, that as soon as a diagnosis could be made excision of the joint should be performed, thereby removing the femoral head and all diseased tissue and cutting short the course of the disease, forgetting for the moment that they were very rarely able to eradicate all diseased structures