joint, tho' he himself has seen none under the tenth year. Dr. Gross * states that his youngest case was that of a boy æt. 14, Mr. J. C. Warren † and Mr. Bryant,‡ each record a case at six years, while Sir Astley Cooper with his unrivaled experience in this department of surgery, has only to record one case § occuring as early as the seventh year. Mr. Powdrell in the London *Lancet* for May 1868, publishes the history of the youngest case yet reported. It was a dislocation into the foramen occuring in a child six months old, and was reduced by manipulation.

Dr. Brown, of Boston, has tabulated 24 cases of reduction of ancient hip luxation. His table which is accepted by Hamilton, embraces all the cases which he could find recorded in surgical literature, and in which the displacement had existed twenty-five days. No information is given as to the motion obtained in the limb after reduction. Regarding this point Sir Wm. Ferguson writes that "after three months the use of the limb is not, when reduced, greater than that which it would have acquired in its dislocated state."

Sir Astley Cooper states that "after eight weeks it is imprudent to attempt the reduction of a hip dislocation except in persons of extremely relaxed fibre or advanced age." Hamilton says, "that this rule will continue to govern experienced and discreet surgeons," and Gross, that "the exceptions to this law, only seem more fully to establish its validity." Still perhaps the words of Sir Henry Thompson anent a point in the surgery of a region not far removed from the hip, will apply here. "The problem presented for solution in this, as in most other cases where surgical interference is imminent, is far too complex to be solved by one unvarying rule." Cases will occur which may be safely operated upon beyond the limit set by Sir Astley, while others will become absolutely irreducible far inside that limit. Other things being equal, we expect sciatic dislocations to be earliest rendered irreducable by adhesions, and the acetabulum to be most promptly filled up in young and robust subjects.

I find recorded but one case || where true morbus coxarius followed coxo-femoral luxation. Perhaps this may be accounted for by the fact, that the accident is rare at the age when the disease is most easily lit up. Two-hundred and twenty-one out of three-hundred and sixty-five cases of hip joint disease recorded by Dr. Sayre * occured under the age of fifteen; and we have seen how rare dislocation is before that age. Perhaps, also the fact that "we do not hear of the unsuccessful cases" has something to do with it. Certainly, when the caput femoris leaves its cavity, the round ligament must be ruptured, † and of this Sayre ‡ writes, "when such an accident occurs the vessels which supply the head of the femur are destroyed, and necrosis follows as a result of interference with its nutrition. Secondary changes soon occur in the cartilages, and the synovial membrane, and the case goes on, if not relieved, to the development of the disease in its worst form."

And yet not a shade of tenderness, or the first faint symptom of hip disease has followed the rupture of this ligament in the case just given. Is it not fair to suppose that this boy starting life with inherited health, and brought up on oat-meal and fresh air, lacked just those tendencies which we group under the name of struma, and which if present, would at his age, have determined the development of morbus coxarius.

* System of Surgery, vol. 2.
† Boston *Med. & Surg. Journal*, vol. 24, pp. 220.
‡ Practice of Surgery, pp. 751.
§ A. Cooper on Dislocations Am. Ed. p. 83, case 27.
|| Dr. Markoe, N. Y. *Med. Jour.*, Jan. 1855.

* Orthopœdic Surgery, pp. 232.
† See case of Hip Disease, by Dr. Dwight, Boston *Med. & Surg. Journal*, Jan. 26th., '77.
‡ Op. Cit. pp. 230.

ABSCESS IN THE GASTRO-HEPATIC OMENTUM.

BY JAMES CATTERMOLE, M.D., L.S.A., LONDON.

Several years ago I was requested to visit an old patient, a man of strong and vigorous constitution, aged 62 years, who complained of severe and deep-seated pain in the epigastrium, aggravated by pressure or forced inspiration; pulse quick and full, tongue furred; he was thirsty and feverish; the urine high colored; fæcal discharges free and natural. This condition I considered called for venesection; about a pint of blood was taken from the arm, which rendered him much easier for about thirty hours, when the pain again became more severe. The application of a dozen leeches, followed by hot fomentations, gave more lasting relief. Mercurials, with opium, were given until the gums