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THE EARLY DIAGNOSIS OF HIP
DISEASE.*

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The frequency of the occurrence of hip disease; the peculiar features it presents; the disastrous results, not only to the utility of the limb, but to life itself, which too frequently accompanies its progress, has given it an especial prominence among surgical diseases of the joints. Formerly it was thought to be dependent almost entirely upon scrofulous taint, and many authors still regard it as mainly of constitutional origin.

When we consider the period of life at which hip disease usually begins; the developmental process through which the osseous framework is progressing up to the age of puberty; the manifold accidents through which, in childhood, the hip joint is liable from falls, over-fatigue, exposure to wet and cold, or to direct injury, the natural conclusion is that the earliest cause is not so much due to constitutional taint as to local injury.

For purposes of diagnosis, the affection may be divided into acute and chronic; or if attention be directed to the structure in which it primarily begins, arthritic, acetabular, and femoral (Erichsen), or synovitic, femoral, and pelvic (Barwell). It is not always possible to accurately determine the exact seat of the primary inflammation. A discussion on this point would, however, be of more interest to pathologists.

Certain general phenomena which are usually associated with the disease might be mentioned, viz., pain, attitude, imperfect mobility, fixity of the joint, suppuration, sinuses, dislocation, and ankylosis. The four last mentioned are only to be found in advanced cases, and therefore are not pertinent to the present paper.*

In the acute form, the progress is so rapid that any attempt at exactness in tracing the local symptoms is well-nigh impossible. They differ but slightly from the general symptoms as manifested in acute synovitis and ostitis of other large joints. The anxious fear of the patient lest the limb should be disturbed; the flexion of the limb; the attitude of the little sufferer in grasping it for purposes of support or to prevent muscular tremors; the adduction and shortening; the intense suffering betrayed by the agonizing cries of the child, all point to rapidly progressive and probably destructive changes. The earlier stages of the disease are quickly passed through, and the third stage often reached in a few days.

In the chronic form, the symptoms are more insidious in their onset. For a considerable time a certain amount of lameness may be noticed, not at all constant, but more apparent after fatigue or unusual exercise. The lameness may disappear if rest be secured, but again recurs in a more marked and persistent form until a peculiar dragging of the limb takes place. The affected limb is never placed in advance, but always brought up slowly to the

*Read before the Ontario Medical Association, June 2nd, 1892.