

The further treatment of this case is being carried out by a double Phelps hip brace until all tenderness in the joints has disappeared, then passive motion, massage and frictions will be adopted.

I shall make an attempt to replace the left hip joint and trust it may be successful.

The right ankle in this case early showed signs of trouble, and was put up in a plaster of Paris case at right angles. This was removed after three (3) weeks, but still rigidity and tenderness remained, and it was put up again and left until three (3) weeks ago, when it was removed. There was no pain nor tenderness on manipulation, but rigidity persisted, and pointing of the foot from the contraction of the strong posterior tibial group. After the ankle has been in plaster some time, and the consequent slight deformity corrected, a splint was applied to prevent recurrence until the anterior group of muscles can hold their own.

Inflammation of the interphalangeal joint of the great toe, right side, also occurred, but subsided through rest and use of a splint. The child can now move the right hip voluntarily fully 30° , the left limitedly about 10° , both knees slightly. Another feature in this case was the peculiar infiltration and tenderness (deep) with œdema about the knee joints; both taking it on some distance above and below the joint. It was hardly a periostitis, but osteo-myelitis was suspected and feared. The involvement of the two knees did not occur at the same time, but followed on each other, and became so serious a matter that to secure rest they were put up in plaster for three weeks, by which time the trouble subsided. It occurred to me that attempted motion of the joint might have been the determining cause. Perfect motion is expected in all the joints but the left hip, in which I trust a good result also will be brought about.

Septic Typhoid Arthritis.—

CASE IV. A. M., æt. 19, was admitted to Dr. Armstrong's ward, Montreal General Hospital, May 11th, 1897. Had had typhoid fever some three months previously, been treated in a hovel in the country and came into the hospital with scar tissue covering the trochanters and sacrum. Had had bed sores extensively which laid bare the bones of these parts. The left hip was ankylosed in slight flexion, the right dislocated, posteriorly, the right knee lying over the lower portion of the left thigh, both knees acutely flexed and ankylosed. In all these joints there was very slight motion. Of course, the patient was unable to stand or walk. Treatment was applied by extension, weight and pulley similarly to last case and patient walked out of the hospital on crutches on July 21st. This was evidently an instance of mixed infection and, like Prof. Keen's case, the bed sores might have been the port of entrance. The reduction of the dislocation was impossible.