

| | Temperature. | | Pulse. | |
|---------|--------------|----------|--------|--------|
| | 99.5 M. | 101.2 E. | 96 M. | 124 E. |
| June 12 | | | | |
| 13 | 101.4 | 99.2 | 96 | 128 |
| 14 | 99.2 | 97.5 | 100 | 104 |
| 15 | 97.8 | 100.8 | 96 | 98 |
| 16 | 99.2 | 101 | 96 | 104 |
| 17 | 99.5 | 101 | 116 | 124 |
| 18 | 98.8 | 101 | 108 | 128 |
| 19 | 99.8 | 100.6 | 118 | 120 |
| 20 | 100.1 | 99.3 | 112 | 118 |
| 21 | 99.3 | 99.8 | 108 | 112 |
| 22 | 99.3 | 99.1 | 106 | 108 |
| 23 | 98.8 | 99.6 | 104 | 120 |
| 24 | 98.9 | 101 | 104 | 112 |
| 25 | 99.9 | 100.2 | 100 | 120 |
| 26 | 100.2 | 101.6 | 104 | 124 |
| 27 | 100.8 | 101.1 | 112 | 126 |
| 28 | 100.2 | 101.5 | 110 | 116 |
| 29 | 100.4 | 101.3 | 112 | 124 |
| 30 | 100.7 | 101.3 | 112 | 114 |
| July 1 | 101.3 | 101.5 | 104 | 114 |
| 2 | 99.8 | 101 | 100 | 108 |
| 3 | 100.2 | 102.3 | 106 | 112 |
| 4 | 99.9 | 101.8 | 102 | 112 |
| 5 | 100.5 | 102.3 | 104 | 108 |
| 6 | 101.8 | 103.3 | 100 | 112 |
| 7 | 100.8 | 103 | 110 | 116 |
| 8 | 102.6 | 103.4 | 112 | 116 |
| 9 | 100.4 | 101.3 | 96 | 112 |
| 10 | 99.5 | 101.2 | 96 | 100 |
| 11 | 99.5 | 100.3 | 94 | 100 |
| 12 | 98.3 | | 96 | 96 |

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Progress of Medical Science.

CLINICAL LECTURE ON FIBROUS ANCHYLOSIS, CHRONIC SYNOVITIS, ETC.

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Gentlemen: The first case that I bring before you to-day is this girl, who has been suffering for some time from fibrous anchylosis at the hip-joint.

This form of anchylosis in many cases very closely assimilates bony anchylosis. It is important, therefore, that you should be able to distinguish one from the other with great certainty, for the management of the two conditions is conducted upon entirely different plans.

In those cases which most closely assimilate bony anchylosis—for it is in such that differential diagnosis is most difficult—if movements are made at the joint, and any motion whatever is secured during the manipulation necessary to a thorough examination of the case, it will be followed by more or less of pain within twenty-four hours. This is a distinguishing feature of cases of *fibrous* anchylosis.

For when bony anchylosis is present, no movements at the joint can be made, consequently pain will not be produced at the point of anchylosis.

This rule you will find to be reliable. The subsequent occurrence of pain in and about the joint, even if there be no apparent motion, will justify you in resorting to measures calculated to give to it gradual restoration of motion.

In the case of this little girl, it was exceedingly difficult to determine whether any motion whatever was remaining at the hip-joint, so firmly flexed and adducted was her limb. But the day following the manipulation considerable pain was present, and other evidences of inflammatory action were quite well developed. The limb was placed at perfect rest by placing the child in bed. By the rest in bed and continued application of cold to the inflamed parts by means of icebags, and extension in the line of deformity gradually changed towards the normal. All inflammatory action was subdued within a few days, and then she was placed upon this instrument which had been specially devised to meet the indications in her case. The instrument consists of a pelvic belt, with perineal bands; a long bar with a foot-piece and adjustment for extension; a knee-cap and a movable joint opposite the hip for flexion, extension, and abduction. At the movable joint arrangement is made so that, by means of screws, abduction and rotation of the limb outwards can be effected at the same time. It is, in short, a modification of Taylor's long splint, the modification consisting in the use of screws for obtaining abduction and rotation. It has now been one month since the instrument was applied, and the change which has been produced during that time is very marked. The limb has been abducted to such an extent that it is now nearly parallel with the opposite limb. This can be ascertained only by placing the pelvis in a fixed position. Rotation has been almost perfectly restored, and flexion and extension have been restored to considerable extent. Abduction and adduction are quite free, and the limb is upon the highway to complete recovery.

The case well illustrates what extraordinary results can be obtained in the way of overcoming muscular rigidity by the application of a constant unremitting force. Under circumstances favoring the application of constant unremitting elastic force, equally as favorable results can be obtained by paralyzing muscular power, thus overcoming deformities produced by it.

CASE II. *Chronic Synovitis*.—This patient, as you see, is a man of medium size, exceedingly muscular, and forty years of age.

Some seven or eight years ago, while wrestling, his foot caught against the edge of a board in the floor, which was slightly elevated above the others, and the quadriceps muscle being placed in a condition of powerful tension, luxated the patella upon the right knee inwards, and he fell. While attempting to raise himself, the muscle restored the patella to its proper position. For a few days he was unable to walk, but in a short time recovery, as was supposed, was complete.

About two years after the occurrence of this accident chronic inflammatory action was set up on the