

abscess which has burrowed its way along down the thigh. In my examination of the patient three days ago, the pus broke out on the left side at the upper portion of the thigh. Nearly a half pint escaped, and so strongly was it impregnated with the odour of faecal matter, that at first I took it to be a portion of the contents of the large intestine, but further examination proved this not to be the case. The matter discharged must have lain for a long time in contact with the rectum, and have derived its odour from the faeces through the principle of osmosis. I am happy to state that Dr. Stephen Smith agrees with me as to the probability of this explanatory conjecture.

It is painful to witness the extreme suffering of this man; but to-day he is far more comfortable than when I first examined him.

Many of the symptoms which we have elicited from this patient this afternoon are present in cases of hip-joint disease, but it has been our aim to show you how they are to be differentiated from those of true hip-joint disease. If I make firm pressure over the iliac fossa on the right side I get no pain, but pressure in the same situation on the left side gives rise to extreme pain. Now observe what I am doing. Extension of the femur gives the patient ease; so it does in hip disease, but you will observe that I am extending the ilium through its attachments to the femur. I am making extension upon the sacro-iliac junction, and that is where the disease exists. As soon as I cease to make extension the patient is in agony, but so long as the extension is applied he is at ease. By placing my left hand over the superior crest of the ilium and pulling with great force, thus drawing the ilium from the sacrum, great relief is afforded the patient. While holding the ilium away from the sacrum, I am crowding the head of the femur firmly into the acetabulum, which gives rise to no pain, and settles the question that there is no disease of the hip-joint.

We have spelt out this case, as it were, and can now easily arrive at a correct diagnosis. We have found in our examination that so long as we do not affect parts external to the hip-joint, our manipulations give rise to no pain. With the sacro-iliac articulation extended, we can make firm compression over the trochanter

major without producing pain. When the ilia are crowded together, intense pain is produced. Here, then, we have a clear case of *sacro-iliac disease*, which has gone on to suppuration, and the pus has found its way along down under Poupart's ligament, and come out upon the anterior portion of the thigh.

With reference to the treatment of this case, the first step of essential importance is that a free outlet for the imprisoned pus should be made, and the parts cleansed thoroughly. For this purpose, we will make a free incision along the anterior portion of the thigh where the pus has accumulated, rinse the cavity out with carbolic wash, fill it with Peruvian balsam, and stuff in some oakum. Had the abscess opened posteriorly over the sacro-iliac articulation, I would have made a free incision down to the joint, and lay open fully any sinuses leading to dead bone, removing at the same time any accessible portions of necrosed bony tissue. By placing this patient in the upright posture, the chances for drainage will be greatly improved, and the antiseptic applications which we have made will tend to bring about a more healthy state of affairs.

In the treatment of these cases of sacro-iliac disease, I have recommended extension. During the time when the patient is in the erect posture, extension is to be made by increasing the thickness of the sole of the shoe which is worn on the foot of the unaffected side to such an extent as will permit the foot of the affected side to swing clear of the ground, and thus extension upon the sacro-iliac articulation will be made by the weight of the limb on the affected side. The extending force may be further increased by running lead into the sole of the shoe on the affected side. This method of extension is intended only to be used while the patient is exercising on his crutches. At night, and whenever resting in the horizontal posture, extension is to be kept up by a weight and pulley over the foot of the bed. The foot of the bed is to be raised a few inches higher than the head of the bed, by means of which the body acts as a counter-extending force. The abscess of the anterior portion of the thigh is now opened freely, and a large amount of very offensive pus with a distinct faecal odour is escaping.