

years, and that the largest proportion of cases occur between three and ten years of age. This he attributes to the fact that in infancy the child is under the care of the mother or nurse, and consequently not exposed to the same danger from accident. But, on the other hand, when the child begins to paddle its own canoe, being naturally of an inquisitive mind, it exposes itself to all kinds of danger and accident.

Let us now briefly consider the arguments here set forth in favor of the local origin of the disease. I might reiterate Dr. Sayre's question and ask you if there is a person in this room who cannot call to mind some old man or woman with a number of large cicatrices on the neck, or other portions of the body, the result of suppurating scrofulous disease of the glands—which, in all probability, rendered the early part of their lives miserable from the constant discharge—who are now vigorous, robust old men or women. Yet I do not think any of us are prepared to say that because Nature cured those suppurating glands, and subsequently the person was restored to apparently robust health, that this is an argument against the constitutional origin of the disease. The same will apply to the old fellow with a shortened hip perfectly ankylosed, mentioned by Professor Sayre.

It is also a well-known fact that many children during early life have a very healthy, vigorous, robust appearance who subsequently show signs of scrofula, which may last for several years, and afterwards be restored to health and live to a ripe old age; yet, in my judgment, I would not consider the fact that the child being apparently healthy before the attack and after recovery was an argument against the constitutional origin of the disease. It does not necessarily follow that because a person is scrofulous and is attacked by an inflammation of one of the joints, that the case will go on from bad to worse and finally terminate in death. I am prepared to admit that the inflammation is likely to run a chronic course, and consequently be more tedious and difficult to cure than when an inflammation occurs in a similar joint in a healthy constitution. The very fact of a man becoming a vigorous, robust man after an attack of hip

disease is, to Dr. Sayre's mind, almost proof positive that it could not be constitutional. It does not necessarily follow that a person with a scrofulous cachexia cannot enjoy good health. We frequently see such persons, having an attack of inflammation of the lungs, recover rapidly and afterwards enjoy good health during the remainder of their lives. In the case of young children, I agree with Dr. S. that it is rare to see infants under three years of age suffering from hip-disease, but such does occur, and the reason he gives is in all probability correct, viz., the care taken by mothers or nurses in protecting them from falls or other accidents. In all probability if they were subjected to the same rough treatment which befalls children a few years older, the same condition would exist. We have no reason, however, to suppose that the child receiving the injury to the hip was not scrofulous, but, in my opinion, quite the contrary.

If we consider the millions of children, all over the world, who are daily and hourly receiving falls and blows which are not followed by hip-joint disease, it causes us to pause and consider how in one case the injury is followed by *morbis coxæ*, and in the other there may be only a little stiffness or lameness for a few days, and then the whole trouble passes away without any ill effects. The proportion of children suffering from hip-joint disease following injuries is trivial in comparison with those receiving such injuries, therefore, to my mind, there must be something else besides the hurt to account for this peculiar form of inflammation known as *morbis coxæ*. If the disease was simply the result of an injury the symptoms usually following such would manifest themselves within a very short time, say twenty-four hours; but we know that months elapse before the parents feel called upon to consult a surgeon; the only local symptoms being for a time, for even from two to three months, a certain amount of lameness, a disinclination to play, and a worn aspect, observable only after fatigue, and perhaps, at first, unusual fatigue. Thus the child is quite free from lameness in the morning, also on those days in which he does not go out, or when he gets less running about. The limp, therefore, may be absent for a week or so and