

we have an empyema or a pyo-pneumothorax. A large clinical experience gives one a pretty intimate knowledge of the course, and the explanation of the various pathological processes becomes very easy. I can fully sympathize with fellow practitioners who have members of their family thus afflicted, and can readily see how they cling to the traumatic theory. Few of us like to admit that any tuberculous process has invaded a member of our family. If the treatment of the traumatic hip disease differed from that of the constitutional disease, a differential diagnosis might be desirable. I am familiar with a great number of so-called traumatic cases. The families insist on this, the family physician likewise, and yet the course of the disease is identical with that occurring in a notoriously tuberculous subject.

There is another good reason, too, for belief in the tuberculous theory—it forewarns us, and of necessity, forearm us. The ravages of tuberculosis throughout the world have impressed all physicians alike. Even the laity look with dread upon this decimating disease. If we, therefore, at once recognize the tuberculous lesion in the bones that enter into the formation of the joint, and if we recognize the disease sufficiently early, the responsibility will become very great. We will feel that we have a dread disease to combat; we will adopt prompt measures of relief; we will insist on these measures being protracted; we will know that disease does not run a short course; we will not be eluded by remissions; false hopes will not tempt us to omit protection of the joint; our duty to ourselves and to the patient, above all, will be emphasized. This much, then, on the etiology and the pathology.

I recall the title announced, and shall proceed to tell you how I would manage a given case. Let me first, however, dwell a little on early diagnosis. When a case comes to you for examination, take advantage of all the means that nature has given you. Remember that you have a hip with which you can compare the hip suspected. Have the clothing removed. Test the functions of the sound joint fully and carefully. By so doing you will gain the confidence of the child, and remember that the confidence is the *sine qua non* in a physical examination. Spend the time that you have in making obser-

uations. Don't waste valuable time with irrelevant talk. Observe whether there be any difference in the size of the limbs. If so, record this difference. Note any inequality in the functions of the two limbs; that is, try flexion, extension, hyper-extension, rotation, inward and outward, abduction, adduction. There is no occasion for any violence. Striking the foot or the knee with the palm of the hand, to test the tenderness of the joint, is not only valueless, but actually harmful. In the first place it destroys the child's confidence. In the second place the muscular rigidity, which is at once excited, shuts out all examination. Again, if it were possible to bring the joint surfaces suddenly into contact, an abscess in the bone might be ruptured, and a destructive joint lesion follow. So that such a procedure is, as I have just remarked, not only valueless but hazardous. Many physicians take a limb carelessly and move it up and down and from side to side, and if they find a pretty fair range of motion, they say the child has no hip disease. Many a case, both in large cities and in provincial towns, is thus hastily passed over, and an opinion given that there is no disease. The doctor waits for the mother to make the diagnosis. It is she who observes the persistent lameness, expression of pain, the tenderness on moving the limb, especially in putting on the stockings or the shoes. It is she who hears the shriek at night. All these facts can be brought out by a careful examination, and every patient threatened with hip disease is certainly entitled to this careful examination. Let men get into a routine method of examining. Pass nothing over hastily. The issues are too great. The public expects this of us. We claim to belong to an enlightened profession. In making the examination, therefore, look for atrophy and reflex spasm, that is, an involuntary spasm, which occurs in certain groups of muscles when they are passively put on stretch. Look for a persistent lameness—once lame, always lame. Regard suspiciously any statement of the mother that the child has been perfectly free of lameness for a certain period. Cross-examine, and find whether it is a fact or not. We attach very little importance now-a-days to the ilio-femoral crease, or to the shape of the nates. So much, then, for diagnosis.