

and not marked in the right hip or knees, which were rigid, but movable. She was very apprehensive. Chloroform was given to more fully examine the joint and it was moved about rather more than was necessary or advisable. Under the anæsthetic the limb could be fairly well moved through a limited range of motion, thigh flexed on abdomen and extended to 135° about, excluding any great degree of dislocation, although such presented itself to my mind, by the position and measurement of the limb. Nelaton's line was from $\frac{1}{2}$ to $\frac{3}{4}$ inches below the border of the great trochanter; but in the flexed position there might have been a slight error; however, dislocation was suspected, at this time. Another feature of this case was the presence of a muscle tumor or hæmatoma in the anterior femoral region, just below Scarpa's triangle. Typhoid joint was diagnosed, and treatment by extension in the lines of deformity advised. While preparing the Bradford frame, and upon return visit, the thighs were found drawn up upon the abdomen, and the left hip markedly tender and painful, due to the movement in examination, proving to myself joint affection as the cause, the increased flexion being due to muscular contraction consequent on the aggravated synovitis or arthritis.

Treatment was applied (aspiration was opposed by the parents), extension by weight and pulley was applied to both thighs in the line of deformity, by means of a scaffold over the bed, and elastic traction by rubber tubing and ankle boots, attached to end of the Bradford frame on which the patient was placed. The synovitis or arthritis subsided nicely and the contractions relaxed rapidly until on the 9th Feb., two weeks later, the temperature was normal, pulse 80, the thighs about 135° , knees 90° . A double inclined plane with joint at the knees was then attached and traction continued both from thighs and legs, with weight and pulley, until both limbs came down quite straight as far as knees and hips were concerned. The adduction of the left thigh, however, was obstinate, but was overcome somewhat by traction and counter extension. It was then easily seen that the left limb was the shorter, and with the anterior superior spines as points of measurement, the left was $\frac{3}{4}$ inch shorter than the right. Was this subluxation or absorption of the head of the bone? The child being very nervous and apprehensive and much indulged, it was impossible to make examination by manipulation until almost the present time, but Nelaton's line relation to the trochanter still remained the same, $\frac{3}{4}$ inch difference, passive rotation was not possible, indeed absolutely opposed or impossible so that no arc of rotation could be estimated to compare with the other hip. Tenderness still remained, but was very much relieved.

The tendency to adduction, and knee flexion, foot inversion, confirmed my original suspicion of subluxation and the X ray picture of to-day, May 28th, shows such to be the case, the head of the bone lying up on the ilium.