

the room, entirely free from pain, and up to this date has suffered not the slightest pain. The bandage was renewed as soon as it became loosened at the hip-joint. A Taylor hip brace will be applied to this case later on.

Case 2.—Boy, eighteen months old. Had been suffering for about eight weeks when seen by me on January 9, 1894. Extension by weight and pulley had been applied in this case, but was found so irksome that it had been discontinued. The child, when seen, was suffering from great pain, night and day. The limitation of motion was about same as Case 1, but there was abduction instead of adduction of the leg. There was local heat and fulness behind trochanter. Treatment same as Case 1. Result.—In two hours the child ceased complaining, and has never since, night or day, complained of pain. The spica was renewed three times, and on March 6, 1894, a light Taylor brace applied. At this time the recovery of motion was perfect, and pain absent.

Case 3.—Boy, seven years old. Dispensary case; first seen on February 8, 1894. Had been suffering for eleven months. His hip had been opened three times. During the eleven months, pain had been very severe, preventing all sound sleep at nights. When seen by me, the boy was much emaciated; considerable fever present, and there was a free discharge of pus coming through a drainage tube. Extension to 135 degrees, flexion to less than 90 degrees, nearly 20 degrees of adduction. Great swelling of hip and brawny infiltration.

Treatment same as in 1 and 2. In ten days the pain entirely ceased, the discharge was greatly lessened and the swelling subsided to a large degree. The child had the first unbroken night's rest in eleven months on the tenth night. Severe diarrhoea had also been present for many months, and a very remarkable thing was that all diarrhoea ceased two or three days after the spica was applied, and the motions became solid and regular once a day. On the 15th of March, the first plaster was removed, and a Taylor brace applied. The diarrhoea commenced as badly as ever in two days and the thigh and groin swelled very much, but the pain did not return. On the 20th of March, I re-applied the plaster spica.

This case shows the evil of early incision. In fact, it is hard to see what is to be gained by incising a tubercular hip-joint, as the seat of disease is often deep in the bone and may be in the acetabulum.

These three cases illustrate the great advantage of the plaster spica as a temporary dressing in hip-disease. In each of these cases its application resulted in freedom from pain. In two of them, the children could take free exercise in the dressing. Case 3 was too weak to stand when first seen, but in a week or so began to move around, but not freely.

It allows the patient to be taken out in the open air, all the patients being taken out for two or three hours every suitable day.

It gives complete fixation of the diseased joint, although it does not give extension. It can be applied by any surgeon who has once seen it done.

In conclusion I would like to emphasize three points: 1. The ease with which an early diagnosis can generally be made. 2. The great success usually attending early and suitable treatment. 3. The great injury done by any operative treatment in the early stages.