

Oct. 14. Splint has been readjusted several times, and leg is now retained at an angle of about 175° . General condition of the child has much improved, and suppuration is less in amount.

The leg being rotated outward to an angle of about 60° , I made an addition to the stem of the splint, having a foot-piece attached, by which I was able to correct the rotation, and if necessary secure extension also.

Case 2. M. A., female, æt. 8 years : referred to me by Dr. Barton. Family and personal histories good. First noticed lame in March, 1888, and complained of pain in knee and extending up thigh. No pain in hip at that time. Had local applications to the knee. Was soon better; was active during the summer, and thought by her parents to be quite well. In October the symptoms which were manifested in March reappeared with greater severity. First seen by me Nov. 26th, 1888. She was then pale and poorly nourished, confined to bed, having much pain at outside of knee, much joint tenderness, great thickening of the bone about the great trochanter, flattening of the gluteal region, and lessening of the fold. Sleeps badly. Night startings severe. Passive motion at the joint limited. Angle of greatest flexion 90° , of greatest extension 180° . Slight shortening when measurement was made from the umbilicus. Left thigh one inch smaller than the right.

Dec. 5. American extension-splint applied. Apparent shortening* now is two inches.

Dec. 20. Splint has been worn in bed. Sleeps well, without jerking the limb. Appetite much improved. Takes a mixture of cod liver oil and iron.

April 11, 1889. Splint is worn with comfort. General condition of patient is much better; walks fairly well without crutch. Appetite good; sleeps well. Encouraged to go outdoors. Swelling about the joint increased, pus probably present. No shortening.

July 30. Walked one mile to my office today. General condition good. Large quantity of pus collected behind and below the great

trochanter. Does not complain of tenderness. Slight apparent lengthening. Walks well.

Nov. 26. General health good. Abscess opened spontaneously yesterday. Has lived outdoors much during the summer.

Feb. 10th, 1890. The family being very poor, but not consenting to allow the child to go into hospital, she has been kept in the house nearly all the time, not being supplied with clothing for going out. Walks about the house, but is pale. Has lost flesh, and suppuration is abundant. This splint (shown in fig. 4) is worn with comfort.

Case 3. March 21st, 1889. W. D., male, æt. 13 years ; referred by Dr. Dawson. History of



lameness extending back three or four years. Is pale and poorly nourished. Thigh flexed on body at an acute angle, and adducted about 30° . Large abscess below region of great trochanter, and an opening near crest of ilium discharging pus. Passive movement at the joint very slight. Had been treated in hospital for several months by extension with weight and pulley. The head and neck of the femur have entirely disappeared through long suppuration, and the shaft is drawn up, so that the left leg is three inches shorter than the right. (Fig 1.)

March 22nd. Under ether, assisted by Drs. Dawson and Harley Smith, the adductors were

* By *apparent shortening* I express the condition shown when measurement is made from umbilicus to internal malleolus; by *real shortening* the condition found when measurement is made from the anterior superior spinous process.