THE

CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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Business Management, - - THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, OCTOBER 1, 1889.

Original Communications.

REMARKS ON THE MANAGEMENT OF HIP DISEASE.*

BY V. P. GIBNEY, M.D., OF NEW YORK.

Mr. President and Gentlemen of the Association:

It was my intention to present at this meeting a paper on the above subject, but for many reasons I have decided to detain you only a a short while with some remarks, which I think will at least open a discussion that may prove profitable. On my way across the continent I learned that Dr. Cameron, of Toronto, would read a paper on bone tuberculosis. I thought, therefore, that mine would be superfluous, and I contented myself simply with a desire to participate in the discussion which Dr. Cameron, I knew, was so competent to open. Furthermore, from the impressions I have gathered, it seems that long papers would be out of place on the present occasion.

So much, then, for an apology. Into the spirit of the views expressed this morning I naturally fall. At once, therefore, I array myself on the side of the tubercular origin of what is commonly known as hip joint disease. I have long since abandoned the traumatic theory. I believe that all cases occurring in children, with very few exceptions, are tuberculous. The researches of pathology during the last decade have, to my mind, abundantly established this theory. Clinical experience furnishes irresistible proof that the lesion here encountered is almost identical with the lesion encountered in pulmonary tuberculosis. Mr. Savory, of London, a few years ago, drew a very happy analogy between pulmonary and epiphysial tuberculosis. The cancellous structure of bone, apart from its hardness, is in structure almost identical with the parenchyma of lung. When the bacillus is lodged in lung tissue there radiates from this focus an inflammatory areola. If the focus is near the pleura, the areola extends to this tissue and may light up an ephemeral pleuritis. This pathological process is usually known by the symptoms produced. When the bacillus lodges on one or the other side of the epiphysial line, there radiates from this focus an areola just as we find in the lung. The signs produced are lameness, stiffness of the hip, possibly a rise of temperature, pain at the knee, reflex spasm, etc., etc., in proportion to the degree of the inflammatory process. After a little while this process—exacerbation we call it—undergoes resolution, for it is often ephemeral, and only a small spot of bone around the bacillus remains involved. This tissue, through which the inflammatory excursion, so to speak, has traversed, becomes more vulnerable. Recurring exacerbations destroy a larger area of tissue, and ultimately this central abscess cavity breaks through into the environment. In the disease under consideration it breaks, usually, into the capsule of the joint near the digital fossa, and we have suppurative synovitis, just as

*Read at the meeting of the Canadian Medical Association in Banff, N.W.T., August 13th, 1889.