

CASE II.—The patient was a delicate girl, aged 13 years, tall, but very slender. Family history of phthisis from her father's side. Saw her first on the 23rd of March, 1883. For the previous six weeks she had complained of weakness of the left leg, and inability to use it. The parents attributed it to a fall on the ice. On careful enquiry, I found that the patient had suffered slightly from this weakness before the fall on the ice. She had very little pain in the limb anywhere except in the knee, and occasional slight startings in her sleep. On examining the limb, I found it slightly adducted slight flattening of the nates, pain on pressure over the great trochanter, and over the psoas-iliac tendon; also pain on striking the sole of the foot. There was increased heat over the joint, and any attempt to flex the thigh upon the trunk produced acute pain—the whole pelvis moving with the femur. Pulse 104; temperature 100° F.

*Treatment.*—Ordered a mixture of quiniæ sulph. tr. ferri mur. and infusion of calumba with hydro-leine. Had a box made for the leg, extending from the ankle to the perineum, the outer side reaching to the axilla, and perforated. The patient was placed in bed, and the leg bandaged from the toes to the knee, and placed in the box which had been previously well padded with cotton batting. The upper surface of the leg was well covered with batting, and a bandage passed around the box to retain the limb. A bandage was also passed through the hole in the arm of the box and round the thorax. The object of the box was to prevent as much as possible, all motion of the hip-joint. The patient remained in bed and the box was kept on continuously for six weeks. I then removed it and examined the joint, when I found that I could produce flexion or extension with but little pain. The patient had not suffered from pain since the apparatus was applied. She had gained decidedly in flesh. The apparatus was re-applied and kept on for four weeks longer. It was then taken off. All symptoms of hip-joint disease had disappeared except that the limb was very feeble. There was free motion of the joint, in all directions, without pain. Ordered the patient to go about on crutches, but not to put much weight on the limb..

June 25th.—Saw the patient again, and her general health had improved remarkably. She was still unable to bear much weight on the affected

limb, but the joint was freely movable and painless.

CASE III.—Patient was a boy in his fifth year. Family history good; no history of injury. Saw him first on the 27th of March, 1883; he had suffered from diphtheria the previous October, but had fully recovered; was lame, but able to walk about; had a peculiar hitch in his walk quite characteristic of stiff or diseased hip-joint. Delicate-looking; temperature 100° F.; pulse 115. He had suffered from lameness for the past two months, which was steadily growing worse; appetite poor; suffered from pain on inner side of knee; increased heat over affected (left) joint; woke up with intense pain in joint at night; foot and knee slightly adducted; pain on pressure over trochanter major, in front of joint, and on striking the sole of the foot. In attempting to move the hip-joint, the pelvis moved with it, and this seemed greatly to disturb the patient; slight, but distinct flattening of the nates. I concluded, in this case as in Case II., that the patient suffered from incipient disease of the hip-joint, and adopted the same plan of treatment. The apparatus was applied on March 31st, and was kept on continuously for seven weeks, with the exception of an occasional removal to ascertain the condition of the joint. After that time the patient was allowed to go about on crutches. Saw the patient on July 1st; he had given up the crutches; the joint was freely movable, and he had perfectly recovered.

*Remarks.*—The point I want to emphasize particularly in connection with this subject is the *early diagnosis of the disease*. This is all-important. No slight limp in a child should be lightly passed over by the surgeon, or pressed into the already over-crowded "rheumatic" basket. Hip-joint disease should be suspected and carefully looked for. A rigid examination will generally explain any lameness, especially in the young. If we find no trouble in the ankle or knee joints, but pain on the inner side of the knee, pain on pressure over the trochanter major, over the psoas-iliac tendons increased heat over the joint; acute, or even slight pain on moving the joint or striking the sole of the foot, we will make no mistake in treating such a case as hip-joint disease. It is scarcely necessary to remark that an increase of pulse and temperature always occurs in this disease, and this should be looked for to confirm the diagnosis. Once hav-