

MORBUS COXAE—ETIOLOGY AND DIAGNOSIS.*

By W. E. GALLIE, M.B., TORONTO.

During my term on the surgical wards of the Hospital for Sick Children, I have had an opportunity of closely studying the course of hip-joint disease. Owing to the method of keeping clinical records of all cases admitted, some statistics have come to my hand which I hope will be interesting and instructive.

Since the building of the Hospital for Sick Children upon its present site in 1892, 318 cases of tuberculous disease of bone have been treated in its wards. These were distributed as follows:—

Hips.....	179	Spines.....	70
Knees.....	52	Ankles.....	9
Wrists.....	4	Metacarpal bones.....	1

Three main factors are recognized in the etiology of tuberculous disease:

First—The general predisposition of the patient to infection, a predisposition which may be hereditary or acquired.

Second—The local predisposition of the part, that is, the formation of a circumscribed area whose resistance to infection is less than that of the surrounding tissues.

Third—The source of infection itself, the tubercle bacillus.

Let us discuss, in the first place, the general predisposition of the patient. By this it is meant that the body fluids are less antiseptic than normal to the bacillus of tuberculosis. Authorities state that such a condition may be inherited from parents who have tuberculosis or who are themselves in a condition of predisposition to the disease. A study of the statistics of hospitals for consumptives indicates that heredity plays a large part in predisposition to pulmonary tuberculosis, some stating that if the inquiry is thorough enough a family history will be found present in practically all cases. This statement can not be so well applied to tuberculosis of bone. Of our 318 cases only 131 had any semblance of a tubercular family history, even when traced out among the uncles, aunts and cousins. We may say, then, that only one-third of our cases have any taint whatever of hereditary predisposition. Getting down closer to the patient, we find that only 73 out of the total of 318 cases were the children of tubercular parents. That is to say, only one quarter of all our cases had a direct family history. Comparing them, the proportion of tubercular cases

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