

patient's attention or the attention of parents or friends are pain and limp followed by stiffness, distortion, etc. Pain is not so important or so significant, as the disease in its early stages is by no means a painful one, and although patients are usually brought for treatment on account of pain, on examination we oftentimes feel, that the disease existed long before the acute exacerbation called attention to its character.

When the disease commences in the bone, as we have already said, infection usually spreads to synovial membrane, causing a general infection of the joint. If the affection left untreated, there is spasm of muscles surrounding the joint and this causes head of femur to press firmly against upper and back part of acetabulum. If case is still allowed to go untreated, we get the usual symptoms: (1.) Dislocation of head of femur, although not a true dislocation, as it still retains its connection with the acetabular cavity, followed by (2) abscess formation, which may or may not communicate with the joint. The common seat of abscess formation is in front of the joint, less frequently posteriorly about gluteal fold. Some times abscess may point at upper and inner part of thigh close to perineum. In rare cases may burrow upwards beneath Poupart's ligaments or occupy the iliac fossa and give rise to one of many forms of pelvic abscess.

Abscesses may form in connection with primary acetabulum disease, and may spread upwards into iliac fossæ or downwards into rectal fossa, or may find their way into the buttock through one of the sacro-sciatic notches.

Oftentimes the early characteristic pain is "pain in the knee" referred

as in the pain of so many joint affections to the distribution of the nerves, terminal filaments of which are irritated. The hip joint is supplied by branches from the anterior cural, the great sciatic, the sacral plexus and the obturator, but the pain is, more often referred to distribution of the obturator, to inner side of the knee. The pain of hip-disease in many instances is rather an occasional, than a constant symptom, the inductions being dependant upon sudden or unguarded movements or direct injury. Persistent pain is more common in later stages and usually indicates increased tension, either within the bone or within the joint. Pain at night is important, usually attracts attention where pain in day time is unnoticed, usually an indication of an acute infection and is attributed to the relaxation of voluntary and involuntary muscles, allowing sudden movements which forces sensitive parts together. If disease is acute child is found lying awake holding its thigh. In less sensitive cases child does not wake but simply moves or is restless and moans.

Direct local pain and sensitiveness to pressure are unusual at this stage, unless the tissues overlying the joint are implicated, as in abscess formation.

The "limp" is the most important of the preliminary signs of the disease. A "limp" is a change in the rhythm of the gait, and any interference with the function of the limb will cause this irregularity. In the early stages the limp, however, is due more to sensitiveness of the joint than to any marked restriction of function. We have evidence of this in the fact that the patient favours the joint by resting on the affected limb for a