

direction in which limitation of motion first takes place. Let the patient lie supine with the feet slightly apart. With the hand placed lightly on the knee of the unsuspected limb a rocking or oscillating motion is given to the whole limb, outward and inward rotation following each other, while the toe sweeps through an arc of nearly 180°, the inner border of the foot striking the table, and the outer border nearly reaching that level. This occurs in the well limb. A similar manipulation of the suspected limb may reveal a slight limitation of rotation, the result of hip disease. The other simple procedure relates to flexion. Let the patient, still on the table, sit up and kiss the knee. By flexing the neck and back and drawing the limb up with the hands this can easily be done with the unaffected limb, while the attempt to do it with the suspected limb may reveal a slight limitation of flexion indicative of hip disease.

Another diagnostic sign, too little thought of perhaps, but of importance in the very early stage, has recently been referred to by Dr. A. J. Steel, of St. Louis, Missouri, as "a brawny thickening about the joint in front of the capsule or behind the trochanter." There will in some cases be found a condensation of the soft tissues, due apparently to the vicinity of osteitis, not visible, perhaps, but recognized by palpation or pinching with the thumb and finger, and then often not detected, excepting by comparing the two sides. It will be found that a smaller pinch of the skin and underlying tissue can be made on the well than on the effected side. These tests are to be used, of course, in connection with other diagnostic helps and with due regard to other conditions which have the power to produce similar phenomena. Properly used they may betray the presence of hip disease in a patient as yet entirely free from pain and lameness.

The other practical point which I would emphasize relates to the position of the limb. Adduction is most to be dreaded. It causes tilting of the pelvis and apparent shortening, which, although technically *apparent*, produces more disability and deformity than the shortening which is called real. It is due, as a general thing, to the fact that the patient uses the well limb more than the affected one in walking, putting the former forward in less time than the latter, and uncon-

sciously keeping the affected limb off the ground more than half of the time, and drawing up and adducting it in order to make it less of an impediment. To remedy and prevent this, the patient, during and after treatment, should be drilled in rhythmical walking, which compels the affected limb (protected by the splint during treatment) to do its full share of the work of locomotion, and leads the patient unconsciously to thrust the affected limb down and to abduct it so that it may be in the best position to receive the weight of the body, and do its half of the work of progression. It is gratifying to witness a recovery in which real shortening is more than counterbalanced by apparent lengthening. Although this may be the case when the patient is discharged, the abduction, which is so favorable a feature, is likely to disappear and give place to abduction, with its disability and deformity, if the gait is allowed to become habitually irregular.

Figures 1, 2 and 3 will give an idea of modifications made in the hip splint by the writer.

In closing, I would deprecate a tendency to complicate the mechanics of the hip splint. If its true functions, which are few in number and simple, and the limitations of its usefulness, are duly recognized, it will be found a most useful and convenient appliance.

#### CASE OF PUERPERAL ECLAMPSIA TREATED WITH PILOCARPIN AFTER OTHER REMEDIES HAD FAILED.

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Mrs. C., primipara, the patient whose treatment is about to be described, is a blonde, 21 years of age, of active nervous temperament, of rather slender build, not the typical eclamptic woman of authors. Previous to her marriage I treated her on one or two occasions for anæmia and headache. Since her marriage I had not seen her till called to attend her in confinement, but understood from her friends she enjoyed good health up to that date. This occurred on the morning of the 15th of Nov. last. When I arrived I hurriedly washed and warmed my hands, for the cries of an infant told me the child was born. On reaching the room I found the young parent in a most happy frame of mind (congratulating her mother on being grand-

\*Read before the Ont. Medical Association, June, 1888.