

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

VOL. XVI. TORONTO, JAN., 1884. No. 5.

## Original Communications.

### MANAGEMENT OF HIP-JOINT DISEASE.\*

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I wish in this paper to bring before the meeting, the history and treatment of a few of the cases of hip-joint disease which have come under my care during the past eight months, and also to make a few remarks upon the diagnosis and treatment of the disease in its earliest stages:—

CASE I.—The patient was a boy in his 14th year. His family history was good. I saw him first on the 19th of October, 1882. He had then been suffering over a year from Potts' disease of the spine, and had angular curvature at about the sixth dorsal. The whole left lower extremity was paralyzed as to motion, with diminished sensibility also; he was constantly tortured with a burning pain in the foot and knee. The right lower extremity was very weak, as if from approaching paralysis, but he did not suffer any pain in it. Both feet were œdematous, the left more than the right. There was abnormal fulness about the left hip-joint. Suspecting disease of this joint, I made a most careful examination, and found that free motion of the joint in all directions, or pressure of the articular surfaces together, caused no pain. Pulse at this time 110, temperature 101° F.; appetite poor; nights restless.

*Treatment.*—Wyeth's beef iron and wine, pulv. ipecac. co. at bedtime, and inunction of ol. morrhuxæ over the whole surface of the body, twice daily.

Oct. 24th.—Had improved in appetite and slept better. Applied Sayre's plaster of Paris jacket, suspending the patient in the usual way. The same general treatment continued, and half a

tablespoonful of ol. morrhuxæ twice daily, to be increased as stomach could bear. Patient continued to improve in general health, a slight degree of motion returning to the left leg and foot, so that on November 19th he was able to flex or extend the foot on the leg and move the toes freely, but the burning pain continued in the knee and foot. I again examined the hip joint, and found slight tenderness just posterior to the trochanter major.

Nov. 24th.—Detected a slight swelling on the anterior and external aspect of the thigh, about on a level with the insertion of the tensor vaginæ femoris, in which I got fluctuation; tenderness just posterior to the trochanter major became more marked, and though I could move the femur in all directions, and press the joint surfaces together without causing pain, I yet concluded that the patient suffered from hip-joint disease, and accordingly applied Buck's extension. This relieved the pain in the knee, but the vitality of the patient was so feeble that the apparatus had to be removed and sand-bags used on either side of the limb to keep it at rest. Abscess steadily increased, causing a good deal of pain; pulse and temperature kept up.

Nov. 30th.—Appeared evident that the abscess would soon open. The usual symptoms of hip-joint disease now became apparent. I put the patient on quinine, in addition to his regular treatment, and on December 1st I opened the abscess subcutaneously, an immense quantity of thin, shreddy pus escaping. I used as well as I could the antiseptic precautions minus the spray.

Dec. 4th.—Temperature 103½; pulse 128. Pain in head, frontal; loss of appetite; abscess discharging profusely.

Dec. 9.—On moving the limb I got distinct grating. I pointed out to the parents that I thought excision of the head of the femur offered the only chance for the patient's recovery. To this they would not consent. The patient lingered for some time, and died on the 1st of March.

The remarkable features of this case were the almost total absence of the usual symptoms of hip-joint disease, till after ulceration had taken place. Either the usual symptoms were masked by the paralysis or the disease came on and advanced with extreme rapidity after November 19th.

\* Read before the N. B. Medical Society, July 18, 1883.