too, must be, and is, held up, for if it were allowed to drop, it would drag on the spine. The presence of this sign seems generally to indicate disease in the upper part of the column.

If, in any instance, you find one or more of these symptoms co-existent with pain in the chest and colicky pains in the abdomen, you may, in most cases, be pretty sure that you have to deal with a case of Pott's disease of the spine.

### COXALGIA—HIP-JOINT DISEASE.

This disease very often goes on to its second stage before it is detected. Treatment, if it is to be successful, must therefore be begun early. If treatment is begun early, we may get very excellent results.

Long before there is any marked deformity in this, as in Pott's disease, certain prodromic symptoms may be discovered. These symptoms, I say, are apparent before the hip affection is manifest.

The earliest sign is a certain posture assumed by the limb on the affected side. The patient stands in a peculiar way. He rests firmly on the sound limb, but not on the other. One limb is well nourished and rotund, the other is generally somewhat emaciated, and is advanced, carried forward, and flexed at the knee on the thigh, and at the thigh on the body. The foot is also everted. Another point is the change which may be noticed in the crease which separates the nates from the thighs. This crease is entirely gone on the diseased side.

The limb assumes the attitude which I have described above, on account of certain conditions due to the effusion in the joint. There is in all cases a synovitis—the initial lesion, if in the head of the bone, induces the synovitis. Coxalgia, in fact, never exists without synovitis. The serum in the joint requires room, and the patient places the limb in a position to give this effusion the greatest room. The natural position of the limb would give it no room at all. The amount of room is increased by flexing the limb at the knee and the hip, and turning the toes out. You can very easily verify this fact in the dissecting-room. To do this, you must bore a hole above the acetabulum in a sound limb, and inject water into the joint. The limb on the side where the joint has been thus injected will take the very position which it assumes in a case of coxalgia.

Another prodromic sign of the disease is the following: if a child is placed in the recumbent position, and if it is healthy, it is just possible to edge in the fingers between the child's loins and the plane upon which it is lying. To do this, of course, the child must be placed upon a table, or some flat surface, and its limbs well straightened out. If one of the joints, however, in such a child be diseased, the knees will be raised when the child is placed upon the table, and then, if they be thrust down, the whole fist can be introduced between the table and the loins —the whole pelvis, in fact, goes up as the knees are pushed down.

The reason of this ought to be very clear to you all. When I force the knees down, I put the psoas and iliacus muscles on the stretch. To relieve the pain caused by this stretching of these muscles, the patient puts his body in the position on the table which I have described, viz., with his knees raised.

### INFLAMMATION OF THE PSOAS MUSCLE.

The same deformity may occur in this disease as in coxalgia, and the patient may behave much in the same way. Mistakes are therefore very easy to make in regard to the diagnosis between these two diseases. The distinction may be made in the following manner: You must take hold of the limb and flex it. If it is flexed beyond a certain line, the pelvis in coxalgia will rise. In the case of inflammation of the psoas, the pelvis is not affected by this treatment.

### SYMMETRICAL COXALGIA.

This is an affection of both hip-joints. It is often mistaken for spinal trouble. The position is very peculiar at a certain period in the course of the disease, viz., when, after the conclusion of the first stage, the affection takes a favorable turn and ankylosis has commenced. The thigh-bones are carried forward, and the patient throws himself very far back, producing a deep concavity in the lumbar region. In walking he balances himself by throwing his hands and arms forward. At the same time the chest is made prominent. In bad cases of this affection the patient may be forced to assume a trotting gait.

### FRACTURE OF THE CLAVICLE.

You see every now and then a patient walking into the hospital carrying one arm in the opposite hand, and leaning forward towards the side of the helpless arm. The whole body is inclined to that side. The explanation of these symptoms is an easy one. When the clavicle is broken, the shoulder drops, and carries the trapezius muscle down with it; while the sterno-cleido-mastoid muscle contracting, drags the inner fragment of the clavicle up. The patient feels the want of support for his shoulder, and puts his hand under the arm to hold it and the shoulder up. If he inclined his head towards the other side of the body, it would drag on the sternal fragment of the clavicle. By inclining the body and head towards the injured side, both the trapezius and sterno-cleido-mastoid muscles are relaxed.

### INTRACAPSULAR FRACTURE.

Let us take, for example, a person over sixty years of age who has slipped on the pavement and doubled his limb underneath him in falling. On attempting to rise, the person may be unable to stir, or, if he has been helped up, finds one limb helpless. Such a patient will be found lying with the sound limb turned a little out, and its helpless, injured fellow turned so far out as to be resting entirely on the outer side of the limb and foot. The patella on the injred side will be found, upon careful examination, to look directly outward.

### RHEUMATIC ARTHRITIS.

After the effusion has commenced in this disease, the limb on the diseased side is a little swollen, and, instead of lying parallel with the other limb, is flexed and carried away from it. The limb assumes the pos-