

ment that the left hip has been occasionally affected suggests that the affection was more likely to be one of the lumbar vertebræ than of the hip."

From the examination made to-day (28th December), 6 hours after the former examination, we are led to strongly doubt the existence of a tuberculous lesion of the right hip, although the fact that there is greater spasm in the right erector than in the left is against the lesion being a tuberculous one of the spine. Still one cannot help feeling that the indefinitely discovered and complained of, lesion of both hips, is secondary to a primary lesion, if not in the spine, certainly adjacent to it, and that the present condition is probably due to a tuberculous lesion of the dorso-lumbar vertebræ, perhaps added to an original or primary lesion which, as we have before suggested, was probably adjacent to that vertebra.

A large dose of tuberculin was administered. This was followed by a *definite reaction in the region of the dorso-lumbar spine.*

May I draw your attention to two or three points in this history: First, how indefinite were the symptoms. At one time in the right hip, and then in the left hip. Please note the irregular spasm of the erectors, and lastly, note that the *glands in both groins were definitely enlarged.* The statement that has been made that the lesion was possibly not primarily in the vertebræ but rather adjacent to it, is based on the fact that lesions of the vertebræ, as a rule cause generalized muscular spasm and not irregular spasm as found in this case. The eventual diagnosis which was made, and verified by the use of tuberculin, was dorso-lumbar Pott's disease.

*Case III.*—L. B., age 5 years. The patient, whom I associate with the last, is a little child of nearly five years of age. She was brought to the hospital in the same month as the last, viz., in June. Her parents complained that the child walked with a limp. Examination showed muscular spasm about the right hip, but apparently there was no atrophy. The left hip was free from spasm. There was no spasm of the psoas muscles. A tentative diagnosis was made of beginning arthritis of the right hip, which was placed in a plaster of Paris spica, in which she remained for six months, during which time she was treated with injections of tuberculin.

About the 19th December this spica was removed, and the patient was left in bed without other form of immobilization. In two or three days the patient was brought up for examination, because it had been noticed that there was persistent flexion of the *left hip.* Examination: The patient lies on her back without lumbar lordosis. The right hip and