

pressing on the diaphragm and partly inducing asphyxia."

The symposium on

#### HIP-JOINT DISEASE

was opened by Dr. Gibson, Belleville, with a paper on its early diagnosis. He was followed by Dr. G. A. Bingham, of Toronto, on Expectant Treatment; Dr. A. Primrose, of Toronto, on the Operative Treatment; and Dr. McKay, Ingersoll, on Mechanical Treatment before and after.

Dr. B. E. McKenzie, Toronto, followed with a paper on the

#### PREVENTION OF UNNECESSARY DEFORMITY IN HIP-JOINT DISEASE.

The discussion of the whole question was opened by Dr. Bingham, of Toronto, who said: "Traction is a prime factor in fixation of a joint. There is no objection to a patient going about with a fixation splint as soon as possible after operation."

Dr. Primrose, of Toronto, said: "Dr. McKenzie in his remarks referred to a case which had been submitted to the operation of excision and was now probably dying of pyæmia. I operated on the patient referred to, and wish to state that the case was one of advanced hip disease with the development of a large abscess when first brought under treatment. The condition urgently demanded surgical interference by operation, and an attempt was made by excising the joint to remove the disease and to secure free drainage. The disease was acetabular. The child's chances were undoubtedly improved by the operation, and the surgical interference is in no way responsible for his present condition. I hold that it is unfair to cite such cases as throwing discredit on operative procedure in hip-joint disease. The question really at issue is concerning the advisability of treating *early* hip disease by operation or by fixation apparatus. The case referred to by Dr. McKenzie proves nothing as far as the question under discussion goes. The child did badly, very badly, and one is not surprised that it did so. It is surely legitimate surgery to open an abscess when the patient is suffering acutely, and having let out the pus it is surely imperative for us to remove the cause of the suppuration if possible; if the cause lie in a diseased bone of an articulation, by all means remove it."

Dr. Dupuis said: "I have been practising all methods of cure for thirty years, the last eighteen years in the Kingston Hospital, and I see and hear nothing new to-day. I prefer a Thomas' splint for fixation of parts; traction on the limb by adhesive straps above the knee; elevation of the foot of the bed rather than perineal bands; constitutional treatment and operation for the removal of dead bone when this is present. This includes the whole treatment both past and present."

Dr. B. E. McKenzie, of Toronto, replied as follows: "I would call attention to the figures given by Dr. Bingham showing that about thirty-five per cent. operated on and recently reported by Dr. Poore have proved fatal, whereas Howard Marsh claims that by the expectant plan of treatment there is a mortality of less than ten per cent. One of the cases shown here to-day is a girl, the case having gone on to suppuration, and having discharged pus for some months. Treatment was carried out by means of the American traction splint for a little more than one year. Nearly two years have now passed since the removal of the splint and now there is no lameness or shortening, and the limb is but very little smaller than the other. Such a result cannot be obtained after operation. The most successful case is yet a maimed case after operation, and in nearly all of them there is much shortening and lameness. Dr. Primrose admitted that half the cases required the use of a stick to aid in walking after operation and recovery. The statement made that Dr. Bingham's case was allowed to be up too soon was based upon his remark that the boy was 'trotting around the ward' in three weeks after excision. Since Dr. Bingham explains that he was protected by the use of a Thomas' hip splint, the objection to his being up in that short time has been withdrawn. It was admitted by some of Parker's followers that up to the present time operative treatment has not given as good results as conservative treatment. I hold that when a joint is known to contain pus this should be removed and the wound treated antiseptically; extreme devotion to non-operative methods is as far from correct measures of treatment as are the methods of those who operate early in every case. Had this plan been adopted in the case above referred to, the girl could not have made the perfect recovery