

night and the hip would ache; but she would not give up to it. Later, after her return home, her hip began to pain her intensely after every walk. The first pain was in the knee, and more or less still continued there, but the hip now grew so exquisitely sensitive and painful that all use of the leg had to be given up, and for three weeks before I saw her (March 30th) she had not walked at all. She was obliged to lie on the back or right side, and I found the left leg well flexed and adducted. Any attempted passive movement of the leg seemed to give great pain, and the whole region about the hip joint was so sensitive that even the lightest pressure of the finger could scarcely be borne, though at the same time the sensitive area presented nothing on inspection to attract notice. Any attempt, with the patient on her back, to extend the leg, quickly caused an arching of the pelvis to correspond to what little extension could be endured.

June 1st I applied a plaster-of-paris cast enveloping the entire left leg from the ankle up, and extending around the pelvis. The patient had not borne the confinement to bed and hospital well; she did not eat or sleep well, and was getting thin, although the hip was now very comfortable. She therefore decided to leave the hospital, which she did on July 6th.

On July 4th, under chloroform, I injected from two to four drachms of a ten-per-cent. iodoform emulsion into the joint cavity. I took this opportunity to completely flex the leg on the thigh, and the thigh on the body. There was no adhesion or resistance in either joint, and no feeling as of erosion or thickening about the hip joint. During her stay in the hospital the temperature varied from normal to 100° , but the most of the time between normal and 99.2° . The pulse varied from 76 to 110. Malt, hypophosphites, cod-liver oil, and other remedies had been given, but had not been well borne.

Extension hardly seemed called for, but I had a Thomas splint made for her—to thoroughly immobilize the joint. This she continually wore during the day, and with no discomfort save the awkwardness in sitting.

September 1st I began the systematic use of yeast nuclein, and the improvement almost from the first has been noticeable and extremely gratifying. The remedy has been administered hypodermically, and the site chosen was the region immediately around the affected hip joint. The first few injections were made daily, but the reaction seemed to me so marked that I found treatment on alternate days to be more satisfactory.

From September, 1894, to January, 1895, the case was under constant supervision and care, and correct and detailed reports were