

As soon as a diagnosis is made, most complete rest should be secured for the affected hip-joint. If deformity exist, it should first be corrected. If the diagnosis be made early, before there is much destruction of tissue, there is generally but little deformity. That which most demands attention at this stage is flexion of the femur upon the pelvis; and it can most conveniently and advantageously be corrected by placing the patient in bed for a few weeks, securing him by a Liston's splint applied on the sound side, and fastened to the bed, while a weight pulls on the affected limb, gradually reducing the deformity. A good hip-splint should fulfil at least two indications. (1) It should effect most complete fixation for the diseased joint, while allowing the patient as much freedom in every other way as is consistent with the attainment of this result. (2) It should prevent the occurrence of deformity. The splint here shown fulfils these indications better than any other known to the writer. It is a modification of the splint long ago designed by the late Hugh Owen Thomas. It consists of a bar of iron made to fit the inequalities of the body and the affected limb, extending from the inferior angle of the scapula over the buttock and back of the thigh and leg to the lower part of the calf, ending here in a bifid portion, which is carried downward below the foot and secured to the body by two bands, the one passing around the thorax and the other about the pelvis, and fastened snugly to the limb by straps or bandages. The bifid portion terminates in a cross-bar joining the two divisions of the fork, which serves as a fixed point from which extension can be made. The lower band is made sufficiently heavy and resisting to bear the strain of one or two straps passing from front to rear under the perineum by which counter extension is made. This lower forked piece is made adjustable so that the splint may be lengthened as the patient grows. The whole is carefully padded and covered with leather, except from the knee downward. The efficacy of the splint and the comfort of the wearer will depend much upon the exactness of the fit which is obtained.

The splint, made somewhat as above described, is frequently employed as a crutch, the patient stepping alternately upon a boot having a high cork sole worn on the sound limb, and upon the end of the splint carried downward below the foot, so as to correspond to the high sole worn on the sound side. This use of the splint is not to be commended, as it induces too free use of the diseased limb. It is better that the patient walk by the aid of crutches, allowing the affected extremity to hang inactive.

The ambulatory treatment has been much abused by advising that the patient should move about as much as possible. The