

On the 11th of May, however, I introduced an aneurism needle armed with several threads of silk, directing the nurse to move them from time to time. Suppuration followed after a few days, and all went well until the 21st, when the child got restless and feverish, and the tongue became swollen to almost the size it was at the time of birth.

The mother and nurse both stated that the seton had been moved as directed, and that pus also oozed out along the threads on every occasion, still fluctuation was distinct, and I decided to remove the present seton. I took my friend Dr. Roddick to see the case, and we introduced a thicker seton, which answered the purpose admirably.

On the 16th of June, removed the seton altogether, and commenced syringing the cavity several times daily with a solution of carbolic acid, strength one part to forty.

At the end of five weeks from the time the seton was first introduced the case was quite well.

I made a visit to the child on the 9th of January and found everything satisfactory.

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Progress of Medical Science.

ATTITUDE AND EXPRESSION IN THE DIAGNOSIS OF SURGICAL DISEASES.

An Abstract of a Lecture delivered before the Medical Class of the University of Pennsylvania Medical School, by D. HAYES AGNEW, M.D., Professor of Surgery and of Clinical Surgery in the University of Pennsylvania.

A large proportion of the injuries of the bony skeleton generally manifest themselves by some peculiarity in the position of the patient. By this statement I mean that if the patient is carefully watched, the lesion will reveal itself by the position which he assumes before any other visible signs of the condition appear. This leads me to speak of the attitude and form or expression of a part as an element in the diagnosis of surgical disease. By *form* or *expression* I mean the peculiar conformation of different parts of the body in health and disease. In health, the form of one side of the body is the same as that of the corresponding side. In disease, therefore, we always compare the diseased with the sound side. Every part of the body has an expression of its own in health and in disease.

The fact that the skeleton is fixed gives expression to the surface of the body. All our best references in surgery are drawn from points on the bony

skeleton. In tying the axillary artery, for instance, at its first part, we govern our incision by reference to the position of the coracoid process of the scapula. So, too, with regard to other operations on the body, we refer to bony prominences. In fracture of the lower part of the leg, we feel for the spine of the tibia, and see how it answers with the corresponding part on the opposite side.

Let me first take up the consideration of the subject with regard to certain conditions of the spine.

POTT'S DISEASE OF THE SPINE.

This is a tuberculous condition of an inflammatory character, and begins in the cancellated tissue of the vertebræ, producing great ravages and horrid deformity. This disease may lurk in the spine for a long time before it is discovered. If a careful examination is made, we can generally predict the approach of this disease. It is very prevalent in young children, from birth until they reach the age of fifteen. If the secret progress of this disease can be detected by any displacement, a cure can generally be effected without any serious disorganization. No matter how early it may be detected, however, there will always be some resulting deformity. I see almost every week cases of disease of the spine which have been entirely overlooked.

One of the symptoms whereby this disease may be detected in its early stage is a feeling of discomfort about the sides, attended with sudden spasms of pain; the child cries out suddenly, and then relieves the pain by lying down. Another symptom is grunting respiration, short, hoarse breaths. We may have this symptom without the presence of Pott's disease, but its presence should always awaken the suspicious physician. Then, again, we very frequently find a child with Pott's disease leaning over a table and complaining of a tired feeling. This symptom is often present, and when so, is one of great value. The muscles of the back are weary because they are not perfectly energized by the nerves which are compressed by the inflammatory deposits and thickenings at their roots. Then, again, I have often noticed a child with the prodromes of his spinal affection jump from a chair or sofa to the floor, and, lighting on its feet, seem for a time bewildered. If such a child walks about much, it does so with a great degree of uncertainty, and has a most peculiar gait—the shoulders are drawn up, concealing the neck, the arms are fixed rigidly and held away from the body. The patient does all this, and shuffles rather than walks along, to prevent all concussion of or shock to the spine.

In a month or so after the disease has begun, the surgeon will be able to detect little irregularities in the spinal processes.

The least twist of the spine brings on pain and discomfort. The child is therefore compelled to keep perfectly rigid, and when it stoops, does so by bending one limb and carrying the arm down, while the spine is kept perfectly stiff, in other words, squats. The trapezius muscle is in a constant state of spasm, and so the patient keeps the shoulder up. The scapula,