

remarked, not only valueless, but hazardous. Many physicians take a limb carelessly and move it up and down and from side to side, and if they find a pretty fair range on motion, they say the child has no hip disease. Many a case, both in large cities and in provincial towns, is thus hastily passed over, and an opinion given that there is no disease. The doctor waits for the mother to make the diagnosis. It is she who observes the persistent lameness, expression of pain, the tenderness on moving the limb, especially in putting on the stockings or the shoes. It is she who hears the shriek at night. All these facts can be brought out by a careful examination, and every patient threatened with hip disease is certainly entitled to this careful examination. Let men get into a routine method of examining. Pass nothing over hastily. The issues are too great. The public expects this of us. We claim to belong to an enlightened profession. In making the examination, therefore, look for atrophy and reflex spasm—that is, an involuntary spasm which occurs in certain groups of muscles when they are passively put on the stretch. Look for a persistent lameness,—once lame, always lame. Regard suspiciously any statement of the mother that the child has been perfectly free of lameness for a certain period. Cross-examine, and find whether it is a fact or not. We attach very little importance now-a-days to the ilio femoral crease or to the shape of the nates. So much, then, for diagnosis.

While I employ the long splint known as the Davis-Taylor splint, and while I find this very satisfactory, I am convinced that it is not so satisfactory outside of large cities, or, at least, away from the instrument-maker. The difficulty in securing a fit, a knowledge of the details, putting on adhesive plaster, for instance, adjusting the peroneal straps, getting the pelvic band at the proper angle with the stem, getting the stem sufficiently long,—all these points require a little practice, and he who seldom sees cases does not get this practice. I am in the habit, therefore, of advising, for country practice, a plaster-of-Paris bandage, applied from the calf up over the hip in the shape of a spika, extending up to the free ribs. Then put the patient on a high shoe for the sound foot, and a pair of axillary crutches.