

tion, I am inclined to think that the disease, originally in the ilium, has extended by contiguity to the sacrum and left lumbar vertebrae, and that a new outlet was made by nature at a dependent point.

It will be noticed that in opening the lumbar abscess I made a free incision, without any what is called antiseptic precautions. I may state that I particularly inquired to ascertain if the discharge from either of the sinuses had at any time had an offensive smell; but the reply declared that such had never been the case. Except cleanliness nothing had ever been done in the way of antiseptic treatment. In my practice I have had occasion to open a goodly number of psoas and other chronic abscesses, and I have for a long time pursued the course I did on this occasion. After making a free incision, I apply a poultice, avoiding pressure or squeezing out of the pus; but allowing the matter to gradually flow through an unobstructed outlet. By this means the walls of the abscess and surrounding tissue can contract as the fluid flows out, and thus there is less probability of air entering to supply the place of the evacuated pus. The poultice at the time soothing, is of no use after a day or two; but may prove injurious. A pad of lint or two is then substituted. Particular care is taken to have a continuous free outlet for the discharge, and lint may be temporarily introduced from time to time.

There are two other features of the case I wish to speak of:—namely, the seeming integrity of the joint at the present time, and the marked prominence of the buttock of the affected side. When suppuration takes place within the capsular ligament, from disease of the femoral or acetabular portion of the joint, there usually follows more or less disorganization of bone, cartilage, ligaments, and synovial membrane; and when recovery takes place it is with the loss altogether, or mostly, of the function of the joint. There may be ankylosis by ossific union, or new formation of bone,

as in the specimen before you, may so lock the bones as to render motion all but impossible. The useful condition of the joint is more remarkable on account of the appearance of the iliac region above. Commonly hip-joint disease leads sooner or later to flattening of the nates. Long continued disease of the gluteal muscles results in atrophy. Now in this case the part is abnormally full. This seems to be due to thickening of the ilium, and the gluteal muscles, due probably to adventitious material thrown out in the tissues from inflammatory action. But although the function of the hip joint is so good it does not follow that no structural change has taken place in the bony constituents of the joint. Indeed the measurements I have given would seem to indicate some altered condition, either in the neck of the femur, or in the acetabulum. Not unlikely the bone, being for some time in a softened state, has yielded to continuous pressure at the intra-articular surfaces; the neck of the femur becoming shortened, or what is more likely, the acetabulum becoming deeper and higher. With regard to the ultimate result of the case, I dare not speak with any degree of certainty. But on the whole I have great hopes that recovery, with a shortened limb, will finally take place. With no sign of caries, and the health of the child re-established, there is a strong probability that any necrosed bone, which may exist, perhaps at present imprisoned by new bone, will either find its way to the surface, or be gradually softened and carried out in the discharge. Then we may reasonably expect that the efforts of nature, which have been so marked in the past, will fully restore the parts to usefulness. The child is shortly to have an artificial foot, and I have no doubt will very soon be able to walk. In time—probably without limping.

Charles Reade, novelist, is credited with having named a dog Tonic, because it was a mixture of bark, steal, and whine.—*Med. Age.*