points to the probable commencement of suppuration followed by rapid disorganization of the joint.

THE EXPECTANT TREATMENT OF HIP-JOINT DISEASE.

BY DR. BINGHAM.

Mr. President and Gentlemen:

So much has been written upon this subject of late years that one finds it difficult to record observations that may not appear trite to the observant members of the profession; and it would doubtless have been wiser had your committee selected for the task of preparing this paper some more ardent admirer of the expectant plan of treatment. The younger surgeons, more particularly, are perhaps too liable to chafe at the restraints and uncertainties of what must inevitably be a prolonged course of mechanical treatment, and elect rather by an immediate radical operation to arrive at what they consider to be equally good results. And I am free to confess that from a careful study of pathology of the condition, and a somewhat limited experience and observation, my own inclinations have been in favor of early and radical interference. This tendency is doubtless encouraged by the immediate and great success which often attends the efforts of the excisionist. This is well illustrated by such cases as that of Harry C., at present under my care at the Victoria Hospital. For more than a year he was hobbled by splints and crutches, leading a miserable and painful life. On April he came into my clinic, owing to an abscess which was pointing half-way down the thigh on the outer surface. I found the abscess communicating with the hip-joint and excised the badly impaired joint on April . . . Immediate results: Normal temperature, invigorating sleep, freedom from pain, healing by first intention; and on May 11th he is trotting about the ward quite comfortably. But one cannot forget thatsuch a case must not yet be pronounced permanently cured, and an occasional death from tubercular meningitis or pulmonary phthisis rapidly following an operation is apt to dampen one's ardor. And I would recommend every surgeon who has believed that the true solution of the problem lies in the use of the knife to study carefully the record of such men as Lewis, Sayre, or Lovett and Shaffer. The former has recorded 407 cases treated by mechanical methods; of these 301 are cured (viz., 71 with perfect motion, 142 good motion, 83 limited motion, and 5 ankylosed); under treatment 14, abandoned treatment 3, discharged 2, unknown 78, died 9.

On the other hand, Poore, of New York, has reported in April of this year 66 cases of excision, as follows: 32 cured, 25 died, 3 discharged relieved, 2 not improved, 4 in hospital.

These results are interesting, if not very encouraging, to us as surgeons, and, while I decline to accept them as indicating the average results obtained, they should warn us as searchers after truth to refrain from bigotry in method or observation. One great difficulty is that the majority of these cases occurring, as they do, among the poorer classes do not seek surgical assistance until the inroads of the disease are far advanced, when mere mechanical treatment is in the opinion of many no longer indicated. But let us suppose that we are fortunate enough to see the case in the earliest stage of the disease, I presume there is not one of us who would not give the expectant plan of treatment a careful trial before proceeding to radical measures. This first stage may almost invariably be diagnosed by the careful observer. Usually there is some abduction (or there may be adduction) of the limb with external rotation, and perhaps some flexion. The pain, which is very variable, may be wholly referred to the knee or along the thigh. But perhaps the most important symptom at this early period is the spasmodic contraction of the muscles around the joint, which is to be very well seen upon extreme external rotation and abduction. And this reflex muscular spasm should sound for us the keynote of our treatment of the early stage. It is the effort of nature to protect the joint and to maintain the head of the femur as far as possible immovable in one position until the inflammation subsides. Let us imitate nature, then, in so far as absolute fixation and protection of the joint are concerned. But let us go farther, and by *traction* secure immunity from irritation to the diseased head by pressure on the acetabulum. In pursuance of this method, then, the patient should be confined to bed. A long

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