

## Clinical Department.

### A CASE OF HIP DISEASE TREATED BY TREPHINING THE FEMUR.

HOUSE OF THE GOOD SAMARITAN. SERVICE OF R. W. LOVETT, M.D.  
REPORTED BY GEORGE L. KINGSLEY, HARVARD MEDICAL SCHOOL.

THE patient, J. H., three and one-half years old, first came under the writer's observation on July 10, 1888, when he was admitted to the House of the Good Samaritan for treatment. The family history was negative; no exanthemata or previous illness; breast-fed; began to walk at eleven months. It was ascertained that in January, 1887, he had fallen on the floor, striking on his knees. For two weeks he walked very lame, and during this time was unable to lie on his left side on account of the pain. He was taken to the Massachusetts General Hospital, where rest in bed was prescribed, and after two weeks' quiet he seemed to recover almost entirely from his lameness, but still tired easily on walking, and after going a short distance the lameness would recur. On June 27, 1887, he was treated at the Children's Hospital as an out-patient. The hospital records show that at this time there was slight fulness over the trochanter major, which was somewhat thickened. He walked with a slight limp, and when picking up objects from the floor kept his left leg straight and fixed. Appetite good; bowels regular; occasional incontinence of urine. He was fitted with a Taylor hip splint and told to return for observation, but failed to again appear until July 9, 1888, when his hip was in such bad condition that he was referred to the House of the Good Samaritan for admission. In January, 1888, the hip became suddenly stiff. He was then treated for two months by an irregular practitioner and continually grew worse till in March he was unable to walk. At the time of admission physical examination showed a well-developed, well-nourished boy; the left hip flexed at forty-five degrees and considerably adducted; the hip very sensitive and hot; skin of leg eczematous; splint very poorly applied; sinus on outer aspect of hip discharging slightly. He was placed in bed on a Bradford frame with extension. He was very fretful and cried out at night considerably.

On July 26, the flexion having been overcome, a Taylor hip splint was applied, with which the patient sat up daily. On August 16, the hip being very sensitive and the discharge from the sinus quite profuse, he was again put in bed on a frame with extension. On September 9, the hip having become much less sensitive, the splint was again applied and he was able to walk with crutches. October 13 he was discharged much improved, the sinus nearly closed. November 1 he returned in very poor condition; the hip very sensitive and somewhat swollen, extensive excoriations on the leg from scratching, and the splint in very poor position. He was placed in bed on a frame with extension and an ice bag applied to the hip. He complained continually of pain in the hip, which remained quite swollen and sensitive. He had night cries continually. The discharge from the sinus in the hip continued, but less copiously. His

condition growing continually worse, it was decided to trephine the femur, and on December 10, Dr. R. W. Lovett performed the operation under ether. An incision about three inches in length was made directly over the trochanter major and the intervening tissues separated. With a quarter of an inch trephine a hole was bored, starting at a point a little below the trochanter major and passing into the interior of the neck of the femur. The trochanter major and surrounding bone was found rather soft and cheesy. The core removed by the trephine was about one inch long, the inner end rather soft and dark-colored. A curette was inserted and a considerable amount of a soft, cheesy material, quite dark in color, removed, the cavity in the neck and head of the femur being scraped clean. The cavity was thoroughly irrigated with 1-3000 corrosive sublimate solution, a rubber drainage-tube inserted, extending to the bottom, the incision sewed up, and the whole dressed antiseptically. He passed a very comfortable day and night and seemed to have little pain. The following day his general condition was very good, little pain, morning temperature 101° and evening 103°. During the night he cried out a few times and the next day was somewhat restless; morning temperature 101° and evening 104.5°. The patient looked rather feverish, but was quiet. During the night he cried out a few times. The next day his general condition was better, morning temperature 101° and evening 102.5°. The dressing was removed, the drainage-tube found to be plugged with the discharge, and having been cleaned out, was reinserted, and the wound dressed as before. From this time the convalescence was uninterrupted, the night cries gradually subsided, and after January 24 ceased entirely. The drainage-tube had to be removed and cleaned several times and on January 14 was omitted, the incision having entirely healed except where tube had been inserted.

January 16 the patient began to sit up, and on the 21st was able to walk on crutches. On February 11 he was sent to the Convalescent Home at Arlington, the wound being closed except at one point, from which there was a slight discharge. He has improved steadily since his arrival at Arlington, and is now able to bear his weight on left leg without causing any pain.

## Reports of Societies.

### PROCEEDINGS OF THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. TOWNSEND, M.D., SECRETARY.

FEBRUARY 9, 1889, the President, Dr. JOHN P. REYNOLDS, in the chair.

Dr. J. S. GREENE, of Dorchester, read by invitation, a paper entitled

SOME USES OF THE VAGINAL TAMPON IN OBSTETRIC ART.<sup>1</sup>

Dr. ABBOT asked whether the tampon was used empirically or for the purpose of supporting the uterus.

The reader replied that it acted partly as a

<sup>1</sup> See page 423 of this Journal.