but the severe throbbing pain has entirely left him since the operation ; warm-water dressings applied to the wound.

30th.—He says that he feels first rate ; scarcely any pain ; has slept well ; appetite is very good. The wound in the bone begins to suppurate and granulate.

A fortnight after the operation, he left the Hospital, feeling quite able to work at his trade, and being very anxious to support his family. The wound in the bone at this time was filled with good and healthy granulations ; only the upper margin of the bone was not covered by them. The cut in the skin had commenced to cicatrize from the corners, the four flaps having retracted almost entirely.

Two weeks afterwards the patient presented himself at the Hospital.

He said, a few days after he left the Hospital, several small splinters of bone had come away from the upper margin of the wound in the bone. Since then this part had been covered by granulations. The wound is cicatrizing rapidly now. He is able to walk without the least trouble. Has had no pain whatever ; sleeps and eats well, and is very thankful for his recovery.

About nine months afterwards, I saw him again. His leg had remained strong and free from pain ever since the operation. The wound had soon healed up, and the cavity in the bone was filled with bony substance. Only a slight depression showed the spot where the trephine had penetrated the bone.—*New York Journal of Medicine.*

EARLY EXERCISE IN HIP DISEASE OR COXALGIA.

BY E. S. COOPER, M.D., PEORIA, ILL.

MY attention was first called to the benefits of early exercise in coxalgia by the following case, two years since :—

CASE.—Master John Fear, aged 9, was attacked in the spring of 1852 with pain in the knee, which continued for some weeks, when it was ascertained that the seat of disease was in the hip, and his physician had him confined to bed, and kept in this position from the 1st of May until the 27th of June, when he was admitted into my institution.

I found him in the following condition :—much emaciation ; pain in the knee and hip ; the foot of the diseased side projected two inches beyond the other, when they were placed side by side. Pressure upon the heel produced an immediate reference to pain in the hip-joint.

Having already witnessed the benefits of early walking in white swelling, the great relief from pain which exercise gives in these cases after the inflammatory symptoms have been principally subdued, and its invigorating influence upon the general health, I concluded that, inasmuch as keeping the joint quiet was the only object in confining patients to bed, generally, who have this disease, an apparatus might readily be devised which would secure the quietude of the diseased parts, and, at the same time, permit the balance of the body to be exercised, and which I was able to effect by a proper machine.

From the period of its application, the patient was more comfortable, particularly during the night. In fact the change was very striking, so much so, that from the most painful, sleepless nights, he passed to complete quietude during that period, interrupted by occasional paroxysms of pain, which were readily relieved by an opiate. With this apparatus I could abduct the head of the thigh bone to the extent desired, and, by thus securing the ulcerating articular surfaces from pressure upon each other, and keeping the thigh bone from motion, while with the leg held in a state of flexion, the patient could exercise on crutches without the least detriment to the diseased limb.

The general health improved very rapidly, and the appetite became good, while the little fellow began to pass his time quite happily. About this period, however, his father removed him from town. I learned subsequently that he continued to improve after leaving me, and though I am unable to state whether he ever recovered entirely, I think no case occurring in my practice ever gave me more satisfaction at the time.

Since that, I have treated several other cases with similar results, and though some circumstance in each case has prevented me from witnessing the course throughout, there was none in which the patient did not begin to improve upon the application of the abduction splint. With one on the third day, he was able to press the foot of the diseased side upon the ground in walking, a movement which he had been unable to make for months previously. This case was Jotham Lyons, of Fulton Co., Ill., aged 14 years, who had been attacked about seven months when he was admitted into my institution. I shall not give a history of his case in detail. Suffice it to say, that, though the symptoms progressed slowly, the diseased had gradually advanced from the commencement, until after the application of the splint, since which he has been steadily improving up to the present period, June 16th.—*Transactions of the Illinois Medical Society.*

RENAL ABSCESS.

DR. R. P. THOMAS related to the Philadelphia College of Physicians the following case of "abscess of the kidney connected with caries of the last dorsal and two upper lumbar vertebræ," and deposited in the Museum the pathological specimens which he exhibited.

The morbid specimen here exhibited, was obtained from a man aged 33 years, who was accustomed to laborious occupation. The statement made by himself was, that about two months ago, while making a heavy lift, he experienced a sensation of "something giving way" in his left side. Immediately thereafter, his health, which had previously been slightly impaired, rapidly declined without any obvious cause. His flesh and strength wasted; there was a constant dull aching pain in the left lumbar region, with occasional stitches of a more acute character; and a tumor was gradually developed near the spine. On the 11th of August, I visited him with his attending physicians, Drs. S. P. Brown and James V. Emlen, at which time the emaciation was extreme. The tumor was slightly elevated, about four inches in its longest diameter,