interrupted at the wound, and the child again swung. This kept the limb in a better position. The splint was taken off after a few days, and since then the child has remained on the swing alone. The wound is rapidly healing, the limb in a straight line with the pelvis, and her health very much improved. A great curvature of the spine which existed before the operation has also been much lessened, and the case at present seems to offer every prospect of a most successful issue.

WESTMINSTER HOSPITAL.

DISEASE OF THE HIP-JOINT FOR TWO YEARS IN A BOY AGED SIX YEARS, WITH SUPPURATION, SINUSES, CARIES OF THE HEAD OF THE FEMUR AND ACETABULUM; EXCISION OF THE JOINT; GOOD RECOVERY.

(Under the care of Mr. HOLT.)

EQUALLY with the two foregoing cases, Mr. Holt's little patient had extensive caries of the acetabulum, all of which was carefully removed, together with the affected head of the thigh-bone. This child laboured under the disadvantages of most extensive suppuration around the joint, with numerous discharging canals, one of which was situated over the head of the femur; moreover, the strumous diathesis was strongly marked. Notwithstanding all these, the wound has almost healed, and the boy can not only bear the weight of his body upon the limb, but can walk around his bed. There is good motion and position, and we doubt not an excellent limb is in reserve for a high-heeled shoe. There is curvature of the spine in this case also.

Wm. P—, aged six years, was admitted in January last, having for two years suffered from disease of the hip-joint, and been discharged as incurable from another hospital. At the time of his admission the hip and buttock were greatly swollen, the swelling being more dependant upon infiltration of sero-lymphatic fluid than pus, although an abscess eventually formed and burst, leaving three fistulous apertures, two over the joint, and one over the anterior part of the upper third of the femur. Through the fistula corresponding to the joint could be detected dead bone, probably the head and neck. At this time the knee of the affected limb was buried in the opposite thigh, and there being considerable curvature of the spine, and an inability to move the limb, no very accurate opinion could be formed as to whether the leg was dislocated or not. The child's health being improved by tonic remedies, and the limb carefully bandaged with water bandage, the swelling materially subsided, although no movement could be regained.

July 7th.—Mr. Holt cut down upon and removed the head and some portion of the neck of the femur, which he found was not displaced from the acetabulum, but required dissecting from that cavity. After its removal, the acetabulum was detached in a very necrosed state, and he proceeded to remove all the dead bone. The parts were then adjusted, and the boy placed in bed, a straight interrupted splint being placed on the outside of the limb.

Thus after the operation the limb was brought straight, and retained so by the splint, the interrupted portion permitting the wound to be daily dressed. The child had very little constitutional disturbance, and the wound gradually granulated, and is at the present moment almost healed, and the boy (it being now little more than two months since the operation) is enabled to bear his weight upon the limb, and walk round his bed. The leg is quite straight, there is good motion, and he will simply require a high-heeled shoe. Mr. Holt remarks about this boy:—"Of course the thickening around the joint has not entirely subsided, and the back is still somewhat curved; yet I have no doubt that in the course of a few months the child will be able to walk and run with considerable facility."

UNIVERSITY COLLEGE HOSPITAL.

TUBERCULAR DISEASE OF THE HIP-JOINT IN A BOY SEVEN YEARS AND A HALF OLD, WITH ABSCESES, CARIES OF THE HEAD OF THE FEMUR AND BRIM OF THE ACETABULUM; DISLOCATION; PHTHISIS PULMONALIS; EXCISION OF THE JOINT; RECOVERY.

(Under the care of Mr. ERICHSEN.)

THE history and general details of this case will be found embodied in a clinical lecture delivered by Mr. Erichsen, and published in THE LANCET, vol. i. 1857, p. 310. The following, however, is a short abstract of it, with additional particulars:—

William W—, aged seven years and a half, was admitted Dec. 22nd, 1856. He was very healthy up to 1853, when he fell from a donkey, and walked lame. His lameness increased,

and he became a patient at several hospitals with variable relief. In April, 1856, he went to school upon crutches. On Dec. 15th Mr. Erichsen opened a large prominent abscess over the head of the left femur, and a quantity of cheesy-looking matter and healthy pus escaped. Rest, iron, and cod-liver oil, with poultices, were ordered. When admitted into hospital on the 22nd December, he was (the report states) very weak and emaciated; profuse sweats at night; skin dry and harsh in the day; slight cough since 1853; extensive dullness on percussion both under and above the right clavicle; the respiratory murmur here was harsh and deficient, and the expiration prolonged. The left leg was shortened two inches and a half; two fistulous openings were seen over the hip-joint, and a probe detected dead bone at the back of the acetabulum; the head of the femur was dislocated on the dorsum of the ilium. Ordered cod-liver oil, meat, and wine.

Dec. 26th.—An abscess was opened on the outer part of the thigh, and four ounces of pus evacuated.

Jan. 1st, 1857.—Discharge from the abscess and night sweats are more profuse. General health failing.

7th.—Excision of the joint performed by means of a T-incision over the dislocated head of the bone, which lay on the dorsum of the ilium, close above the acetabulum. The fibrous structures holding the head *in situ* were divided, the bone pushed well out of the wound, and cut through the trochanters by means of Butcher's saw. A small portion of carious bone was gouged from the brim of the acetabulum. The limb was put up on a long splint, bracketed over the wound, not quite straight, from contraction of the hamstring tendons.

14th.—General health seems better; eats and sleeps well; discharge healthy and profuse; splint reapplied this day under chloroform.

21st.—Still improving; leg now quite straight, the rigidity of the hamstrings apparently having been due merely to confinement in bed.

28th.—The boy has greatly improved since last report. He sits up in bed, and takes his food well. The discharge is trifling, and the wound looks clear and is granulating healthily.

His subsequent progress was gratifying, the wound had almost entirely healed up, with the exception of one or two trifling openings; he could walk pretty well with a high-heeled shoe; the phthisical symptoms disappeared under the use of cod-liver oil, tonics, and good diet; and in the month of July he left the hospital for Walton-on-Thames, having a leather cap over his new hip-joint.

The subject of this case was in a very weak and emaciated condition when first admitted, being actually worn out with hectic and night-sweats. He had a slight cough, and the physical signs, on examining the chest, pointed out the commencement of tubercular deposition. His condition was such that his earthly career would very soon terminate unless an effort was made to save his life by the removal of the principal cause of all this misery; and accordingly the operation was performed, with results which speak for themselves. In his clinical lecture on this case, Mr. Erichsen adverted to the sound rule in surgery, that whenever a patient's strength is being worn out by hectic, (and, we will add, its consequences,) consequent on suppuration resulting from carious bone, the cause of the constitutional disturbance—the diseased osseous tissue, should, if possible, be removed. We see the truth of this maxim borne out every day with gratifying results, but in Mr. Erichsen's patient the general health immediately began to improve, the cough and chest symptoms disappeared, and a useful limb was obtained.

In our next number, when we record another case of excision, by Mr. Hancock, it will be seen that the operation held out the only chance for life, as his patient, a boy, had but a few days to live, from the exhausting suppuration, hectic fever, and phthisis, which were present; it was therefore done as a last resort, and life was prolonged for some months. In these days of progressive advancement in conservative medicine and surgery, no one would be deterred from advising an operation which holds out a chance for life, or even of prolonging it for a brief period, because tubercular pulmonary deposition has commenced—the result, no doubt, of the exhausting influences consequent upon the state of the diseased joint itself.

CLINICAL RECORDS.

CYSTIC DISEASE OF THE LOWER JAW.

A VERY striking and well-marked example of this affection is in St. Bartholomew's Hospital just now, under Mr. Coote's care, and well worthy the careful examination of the student.