more this curious murmur is studied, the more will it throw light upon some of the obscurest points in cardiac physiology and pathology.
Glasgow.

INTERESTING CASE OF INJURY OF THE SACRO-ILIAC JOINT OCCURRING IN A CHILD FOUR YEARS OLD.*

By JOHN FAGAN, F.R.C.S.I.,

SURGEON TO THE BELFAST HOSPITAL FOR SICK CHILDREN.

ELEANOR D—, aged four years, was admitted, under my care, into the Children's Hospital, on February 4th, 1875. She presented a most wretched, wan, and pinched appearance; her countenance wore the characteristic expression seen in a child that is exhausted with intense suffering. On examination, I found the left gluteal and sacral regions enormously swollen and of a dark purple colour, the integument tense and glistening, and large tortuous veins ramifying through it. There was well-marked fluctuation in it, and at one place the skin seemed on the point of breaking.

The history I got from the mother was as follows. About three weeks previous to her admission the child was in perfect health, till one day, standing on a stool placed on top of a box, the lid being old, it gave way, and she fell through with the stool into the box, sustaining an injury somewhere about the hip. The medical man who was treating the case thought it to be one of hip disease, and, seeing it assume the very serious character it did, recommended the mother to take it to the hospital.

The treatment I employed in this case was as follows. After giving the child some wine, I introduced the needle of the aspirator into the abscess where the skin was soundest, and drew off about fourteen ounces of thin unhealthy pus; this relieved the tension very much, and I should say removed about half the quantity of fluid from the sac. The child was then put to bed, and got for nourishment six ounces of wine, an ounce of brandy, two eggs, and milk *ad libitum* in the twenty-four hours. The next day I again used the aspirator, and removed nearly as much pus of the same character as the day before. The nurse drew my attention at this stage to a small lump in the groin, which looked and felt somewhat like an enlarged gland. In a few days this got much larger, and conveyed a distinct sense of fluctuation. The use of the aspirator on two occasions, taking away about three ounces of pus the first time and an ounce and a half the next, completely removed the swelling. On the 24th of February, just twenty days after her admission, I required to use the aspirator for the last time. For several days previous to this the swelling in the groin had disappeared, and that over the sacrum was getting less. In all I used the aspirator nine times, and removed about sixty ounces of pus. After emptying the abscess on the three or four last occasions, the walls of the sac collapsed, leaving a deep sulcus between the prominent spinous processes of the sacrum and posterior border of the ilium. This I padded with cotton-wool, and used slight pressure by means of strips of adhesive plaster and a bandage round the pelvis. On the 8th of March the child was sent home quite plump and fat, and able to trot about without the slightest indication of lameness.

This case I consider interesting from a threefold point of view: its diagnosis, prognosis, and treatment. Acute inflammation of the sacro-iliac joint is, I believe, a very rare affection, probably due to the fact that its position in the body renders it less liable to be exposed to the many causes that give rise to inflammation in other joints, as also to the fact that it is the nearest approach to an immovable joint. That it is more likely to occur in childhood is owing no doubt to this joint possessing a delicate synovial membrane during that period, and consequently apt to take on inflammatory action when subjected to any undue violence. That the suppuration about the joint was the result of the injury sustained by the child when she fell through the box

there can be no doubt, but the exact nature of the affection was a very puzzling point to make sure about, at least when first I saw the child. As I pointed out to some students who were present when the child was admitted, there were symptoms about the case that would warrant one in diagnosing it as a case where the hip-joint or sacro-iliac joint was engaged, or a severe contusion of the muscular structure about these parts, or a combination of all three. Although the case was treated by a medical man as one of hip-joint disease (according to the mother's statement) there were but very few symptoms pointing to that condition, and those of a character that might arise from other causes. The thigh was flexed on the pelvis and adducted, and there was great pain on attempting to rotate the limb—symptoms likely to be present in disease of either of the joints; while the position of the abscess, the rapid course of the affection, and most particularly the absence of pain when the great trochanter was pressed upon, gave the strongest presumptive evidence that the hip-joint was not the seat of lesion in this case.

The opinion I expressed at the time was, that it was a large abscess resulting from a severe contusion of the muscular structure, and as the child suffered great pain when the sacrum or ilium was pressed upon, that probably there was some inflammation of the sacro-iliac joint. A few days afterwards the appearance of the swelling in the groin confirmed my diagnosis. The matter made its way from the joint under the iliac fascia, and, following the course of the iliacus muscle, made its appearance at the site usually occupied by a psoas abscess.

As regards prognosis, I was at first disposed to give a most unfavourable one, and would look on the case as hopeless but that I had great faith in the recuperative powers of children when placed under favourable conditions. The rapidity and completeness of the cure in this instance would dispose me to give a favourable prognosis in cases of an acute character, with some reservation, however, as all such might not be expected to terminate in so satisfactory a manner as the one under consideration. I have met with cases of disease of this joint occurring in ill-conditioned strumous children, some of which I have under my observation at present, and hope to give the history of them at some future time. The prognosis in their case must naturally be of the most gloomy character.

The treatment I employed was rest, stimulants, light nutritious food, and the use of the aspirator. Of the latter instrument I cannot speak too highly. In cases such as the one I have just described it is invaluable. I have now been in the habit of using it constantly for the past three years, and can safely say that it has never done any harm; that it may occasionally disappoint one, but that in the majority of suitable cases it is the only instrument a surgeon should use who studies the well-being of his patient, as well as his own comfort.

CASE OF PULMONARY COLLAPSE CAUSED BY HÆMOPTYSIS; DIFFICULTY OF DIAGNOSIS.

By MARK LONG, M.D.

FEB. 17TH, 1875. — Late last night, my partner, Dr. Gibbings, saw for me Miss G—, who had expectorated a large quantity of florid blood. She is twenty years of age, well nourished, robust-looking, and of rather florid complexion. She has had no cough or other illness, nor has she lost flesh recently. Indeed she has not needed medical advice since she first came under my care about two years ago. She was then suffering from debility and shortness of breath, which I found to be due to valvular cardiac disease. Her last illness before this was about three years previously, when she had a severe attack of typhoid fever. There is no trace of consumption on either her father's or mother's side. I found her to-day looking anxious and depressed, and still bringing up small quantities of bright blood, with a slight but frequent cough. She is taking a mixture containing liquid extract of ergot and gallic acid, ice, and cold fluid nourishment. The old loud presystolic murmur is

* Read before the Ulster Medical Society.