CONGENITAL DISLOCATION OF THE HIPS.

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(With skiagraphs by Sydney Rowland, B.A.)

As a contribution to the subject of congenital dislocation of the hip-joints I will describe a case which has an important bearing upon the pathology, and also upon the treatment of this affection.

It has been conclusively shown by a considerable number of dissections of congenital hip dislocations that a malformation of the affected parts frequently exists. The head of the femur may be smaller than natural, even to the extent of being quite rudimentary, and the acetabulum may be so shallow and its upper rim so slight as to afford no secure resting place for the head of the femur if replaced within it, even when that bone is fairly well formed or absolutely normal. Upon the other hand, some observers have described the bony parts of the joints as being approximately or absolutely natural in form. Amongst these some, and notably Mikulicz, have ventured the opinion that normality in this respect is the usual condition at the time of birth.

It is probable that a variety of conditions exist in different subjects, and if so it becomes important to differentiate between those cases in which there is a normal bony joint and those in which abnormality in this respect is present. The Roentgen rays may be particularly useful in this respect, as will be apparent from the record of the following case:

Miss W. was sent to me ten years ago by Dr. Fenton. She was then 2 years and 2 months old, and was afflicted unmistakably with dislocation of both hip-joints. The heads of the femora were displaced upwards and a little forwards. The false joints were very free, but upon attempting to draw the heads of the bones down towards their natural positions they came to a stop by impinging upon hard substance, which I thought was the upper ridges of the acetabula. I had not met with this difficulty in the cases of congenital dislocation at that age which I had previously examined, and I thought of the possibility of a dislocation occurring during birth—an accident which has been alluded to by several writers as a possible cause of this affection. I then inquired into the history of birth and learnt that it had been extremely tedious and difficult, and that there had been "breech presentation."

This evidence so far supported my view of the case, and I told the parents what I thought about it, and recommended an attempt at reduction under chloroform. The parents afterwards consulted with other surgeons, all of whom stated that nothing could be done by such an attempt, for the joints were doubtless deformed, and that if the bones were placed in a proper position, they would relapse as soon as traction was discontinued. Upon this advice the child was left to grow up without any treatment.

Two years ago the patient, being then 10 years old, was brought to me again because of the very awkward, waddling gait, and gradually increasing lordosis. I then applied an apparatus to support the abdomen in a more natural position, a plan of treatment which I have found very useful in a number of cases. The child was immediately benefited, and her figure and manner of walking have steadily improved up to the present time. Lately, a skiagraph of the hips has been taken by Mr. Sydney Rowland, and it has been most successful in delineating the bones very clearly. This skiagraph shows that the acetabula are fairly well formed, although they may be somewhat shallow from the filling up of their cavities in the process of time, but, compared with the morbid specimens at our command, they are far more like the natural sockets, and at least it would appear that if the heads of the femora had been reduced in the first instance they would have remained *in situ*. As regards the heads of th

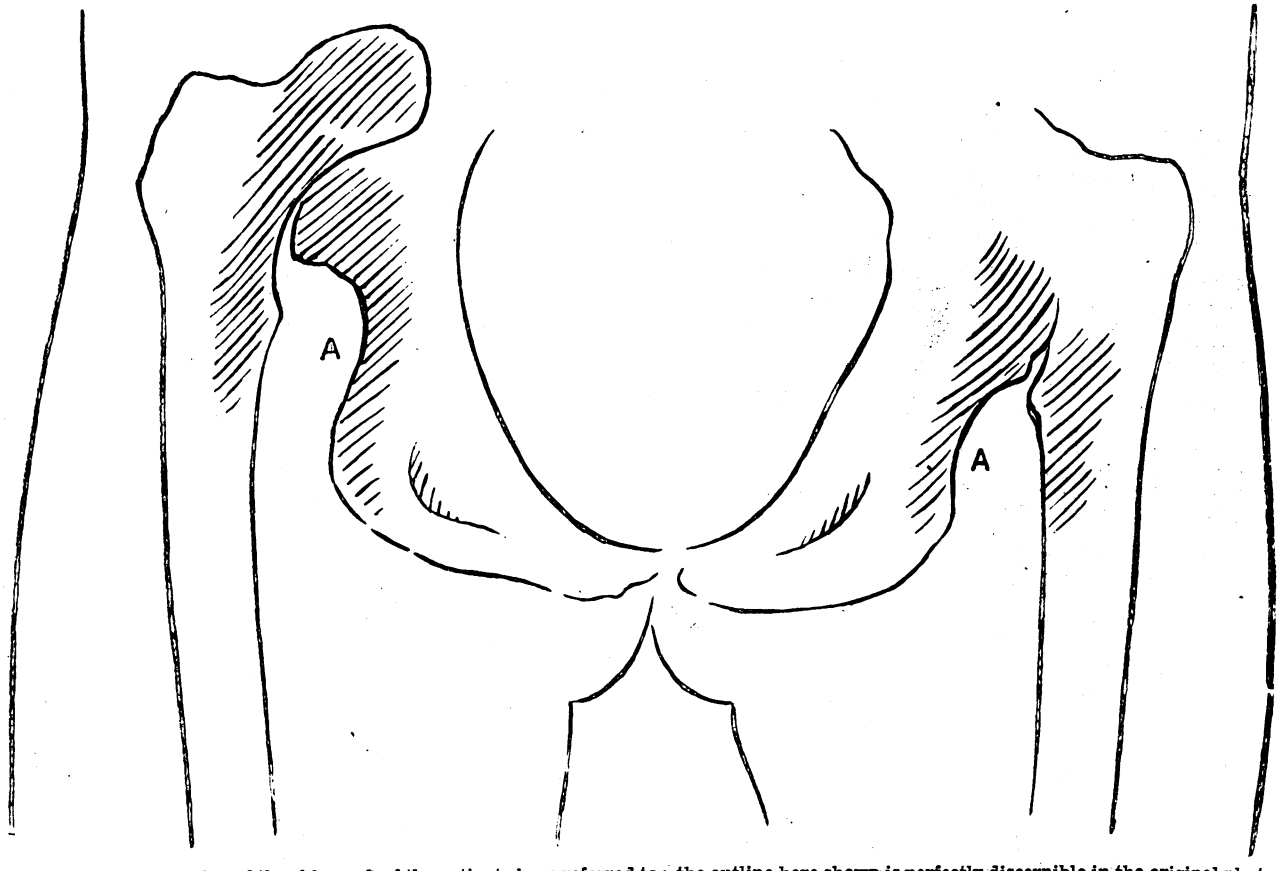

Fig. 1.—A copy of a tracing of the skiagraph of the patient above referred to; the outline here shown is perfectly discernible in the original photographic plate, but did not admit of reproduction on a rapid printing machine.

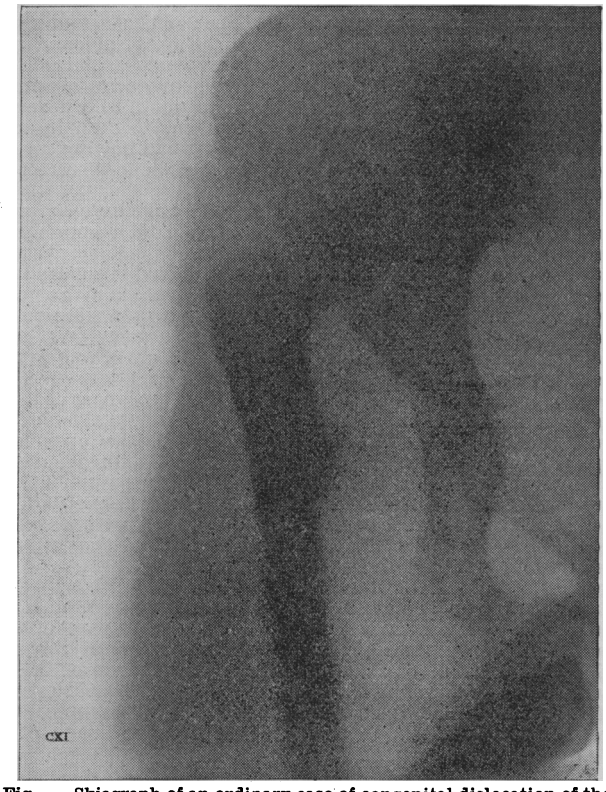

Fig. 2.—Skiagraph of an ordinary case of congenital dislocation of the hip, the acetabulum being shallow or practically unformed. The patient was a girl of the same age (12) as the subject of Fig. 1.

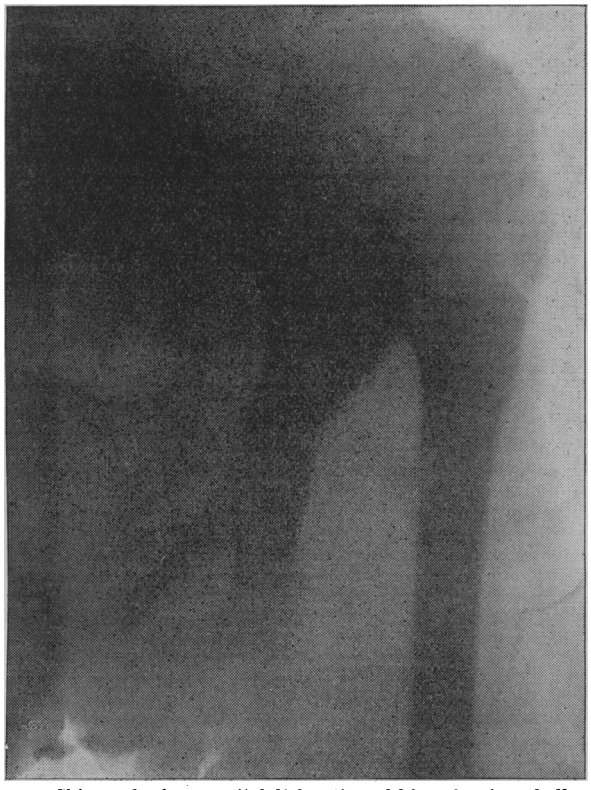

Fig. 3.—Skiagraph of congenital dislocation of hip; showing shallow acetabulum in a child aged 12

bones the left is absolutely normal in shape, and the other, as far as one can discern, looks natural. The measurement from the outer border of the trochanter to the inner edge of ilium is slightly more upon the left than the right side, but this may depend upon some rotation of the limb.

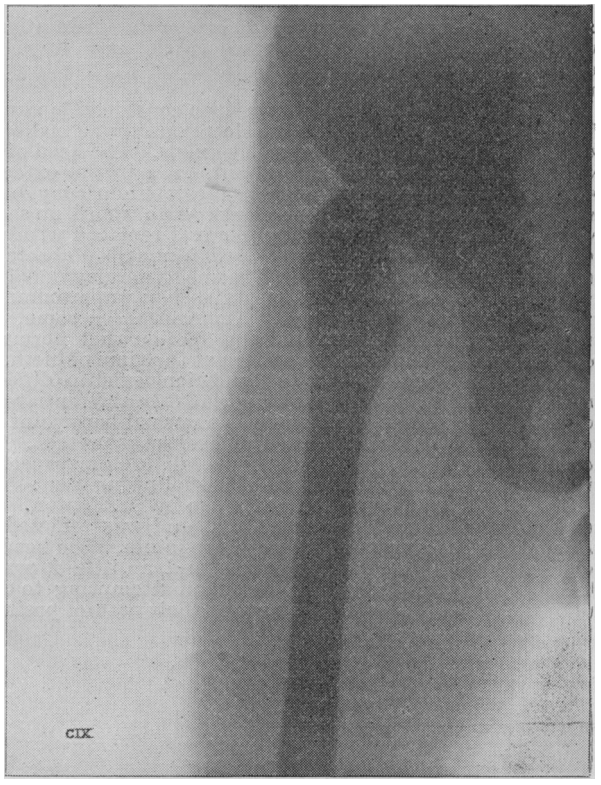

Fig. 4.—Skiagraph of congenital dislocation of hip; showing undeveloped head of femur and shallow acetabulum in a child aged 12.

The question arises, Is this a case of real congenital dislocation, or is it one of dislocation occurring at birth as a consequence of "breech presentation" and prolonged and difficult parturition? It seems to me that it is most probably the latter. At least, it must be admitted that there is a wide difference between this and those cases which have been described in the majority of specimens dissected (see figures).

THE CASES RESEMBLING SCARLATINA WHICH OCCURRED IN FULHAM.

BY ROBERT LEE, M.D., F.R.C.P.

THERE seems to me to be great need of further attention to the malady referred to in my communication to the BRITISH MEDICAL JOURNAL in November, 1894. The two letters which were then published, the one from Dr. Wilks, the other from the late Sir George Johnson, deserve careful consideration.

There is a malady gradually gaining ground amongst us, which in some respects closely resembles scarlatina, and in some cases may be mistaken for diphtheria. There is great danger of our doing injury instead of good, if mistakes are made in diagnosis and cases are notified erroneously.

There were reasons, which I need not detail, for my bringing the subject under the notice of the Sanitary Committee of the vestry of Fulham, and it was satisfactory to obtain the assent of Dr. Jackson, our medical officer, and some of my professional friends who had experience of the malady, to the views I expressed on its nature and peculiarities. It begins with sore throat and some of the symptoms of scarlatina. In many cases an eruption or efflorescence appears on the face and neck on the second day. At the end of a week the fever