

In estimating the value, not only of such operations, but of various other modes of treatment which have been supposed at one time or another to be useful in cases of aggravated hysteria, we are never to lose sight of the following circumstances:—1. *Hysterical symptoms frequently disappear at once, without any manifest cause for their disappearance.* Examples of this fact may be found among the cases to which I have had occasion to refer in the preceding lectures. A young lady who had been for more than two years confined to the recumbent posture on account of an hysterical affection simulating disease of the hip-joint, recovered suddenly one night while in the act of turning in bed. Another young lady in whom a long train of most severe hysterical symptoms followed an accidental prick of one of her fingers, after the disease had existed for a great length of time (if I am not much mistaken, for more than two years), recovered also. 2. *It still more frequently happens that recovery from hysterical symptoms immediately follows a forcible impression of any kind made on the nervous system.* Hence it is that anything may obtain the credit of having effected a cure in these cases. Moral and physical agents are alike in this respect. Sometimes one remedy may appear to be successful, sometimes another: and that which is supposed to be productive of the greatest benefit in one case, may never be useful afterwards.

I have already mentioned the case of a young lady who, having long laboured under an hysterical neuralgia of the hip and thigh, rendering her unable to stand, or even to walk, immediately lost all her symptoms on being thrown from a donkey which she was riding: and the following are only a few among many other cases, which might be adduced in confirmation of what has been just stated.

In the eighth volume of the Transactions of the Royal Medical and Chirurgical Society, Mr. Pearson has described the case of a lady who laboured under a nervous affection of the hand and forearm, showing itself in the form of severe pain and spasms of the muscles, and she immediately recovered on the application of a stimulating liniment, which, containing oil of turpentine, produced a vesicular eruption over the whole person.

I was informed, on good authority, of the case of a young lady who had long laboured under a severe hysterical affection, attended with spasmodic contraction of the muscles of one of the lower limbs, and which symptoms left her suddenly, on the extraction of a molar tooth.

Many years ago, I attended a young lady on account of a painful affection of the instep, which I certainly did not understand at the time, but of which, with my present experience on these subjects, I am satisfied that it was hysterical neuralgia, and nothing else. She was attended by other surgeons afterwards, who, I believe, were as much perplexed as I was, as to the nature of the disease, and who, at all events, gave her no relief. At last, while suffering as much as ever, she was informed of some remarkable cures obtained by the use of the vapour bath and champoing, and she immediately went to Brighton, that she might make a trial of these remedies. The

first champoing gave her great relief; the second completed the cure. I was consulted respecting her afterwards, labouring under a nervous affection of the arm and forearm.

In the "Christian Observer" for November, 1830, we find recorded the case of Miss Fancourt who had long been unable to move in consequence of what was evidently an hysterical affection, simulating disease of the hip-joint, and was supposed to have been miraculously cured under the influence of the prayers of her spiritual adviser leaving her couch at once, and walking down stairs to supper, to the astonishment of her family.

We need not pursue this part of our inquiries further. To you who will soon be engaged in the practice of your profession, what I have now stated will be sufficient to impress your minds with a proper degree of skepticism, and to prevent you being misled by the caprices of these strange disorders. With respect to the great majority of society, whose minds are not accustomed to these investigations, and who do not know the difficulty of obtaining exact evidence as to the operation even of the remedies in common use, I feel that it will be almost a waste of time to endeavour to enlighten their minds on the subject. They will always be disposed to listen to, and to believe, the histories of the marvelous cures of hysterical affections; and with them conjurors of all kinds, from Prince Hohenlohe and the professors of animal magnetism, down to the most vulgar impostors, will always be the successful rivals of those practitioners who have studied their profession as a science.

Before I quit the subject, I shall trouble you with one further piece of advice. I have told you that it is most important that you should not mistake cases of nervous affection for those of real local disease. It is equally important that you should not mistake the latter for the former; whenever you are in doubt, be careful that you do not employ any kind of treatment which would be injurious, if local disease existed. A short delay will always enable you to understand the exact nature of the case, so that you can no longer hesitate as to the remedies which are required for its relief.

LECTURE XXX.

ON DISEASES OF THE HIP-JOINT.

THERE are several cases at present in the hospital of diseased joints, and among these some of disease of the hip; and I do not know that I can offer any subject to your consideration better than this. It is one of great interest, and it is very important that you should understand it as far as the actual state of our knowledge will enable you to do so.

I remember the time when the question on looking at one of these patients, would have been, whether there were or were not a diseased hip, and the surgeon decided, according to the best of his ability, in the negative or in the affirmative. It was just a case of diseased hip, or it was not, and there was no further attempt at diagnosis. But you know that the hip-joint is composed of a great variety of textures, and that disease of it must arise from various causes. It would be very remarkable if the hip-joint differed from all the other organs of the body, and was subject to only one kind of malady. You cannot for an instant hesitate to believe that there must be a variety of diseases of the hip, the difference between them depending partly on the organization of the part in which the disease began, partly on the patient's constitution, and on the external causes by which that constitution has been influenced.

In my treatise on the "Diseases of the Joints," I have given an elaborate history of the diseases to which this and other joints are liable, and I have detailed many cases and described many dissections, from which I thought I was justified in deducing that history. But in the present lecture I do not propose to pursue the course which I have followed in my treatise. My observations will be confined to the hip-joint only. I shall probably refer to other joints sometimes, but it will be only with the view of illustrating what happens in the hip. It will be my object to bring before you at once the different diseases to which the hip is liable, and the symptoms by which they are to be distinguished in the living body. Perhaps by pursuing this course I shall make the subject more easily comprehended by you than it would be if you were simply to read my treatise. At any rate this mode of proceeding will enable you to understand the observations which I published, when you read them, better than you would understand them otherwise.

INFLAMMATION OF THE SYNOVIAL MEMBRANE.

There is no disease of the joints more common than inflammation of the synovial membrane. The hip is liable to this disease, but it must be acknowledged that it is not liable to it in the same degree with some of the other articulations. You will understand how this may be explained when I tell you that inflammation of the synovial membrane, in a large proportion of cases, may be traced to exposure to damp and cold, and vicissitudes of temperature. The hip is warmly clothed by numerous muscles; an immense mass of flesh lies over it; and thus it is protected from one of the causes which produces inflammation of the synovial membrane, much more than the knee, the wrist, the ankle, and the other joints that are superficially situated.

I conceive that the proper course for you to pursue, if you would study the pathology of any part of the body, is this: be not satisfied with examining the morbid appearances in the last stage of the disease, when all the parts are confounded, as it were, together in one dis-

eased mass—when the disease has extended from the structure primarily affected to the other parts—and when you cannot, therefore, say where it originated, and what it was in the beginning. Be on the look out for the opportunities which must occasionally occur of examining the morbid appearances, where the patient has died from some accidental cause in an early stage of his complaint; this, I say, is the way in which the pathology of any part of the body (that is, so far as morbid anatomy is concerned) should be studied; and it was in this way that I have always endeavoured to study the diseases of the joints.

I have had very scanty opportunities of examining the morbid appearances presented by inflammation of the synovial membrane of the hip in its earliest stages; but this deficiency has been compensated by the abundant opportunities which I have had of examining the same thing in other articulations, so that I have no doubt that I can tell you very accurately what the morbid appearances would be in the hip if you could see them.

In slight cases, then, of inflammation of the synovial membrane, you find a few more vessels than usual injected with red blood ramifying over the inner surface of the membrane, and the joint contains a larger quantity of synovia than under ordinary circumstances. The synovia, in the cases to which I now refer, does not differ from healthy synovia in any of its sensible qualities. But when inflammation of the synovial membrane runs high, you will find great increased vascularity of the whole of its texture; the red vessels being as numerous as those of the conjunctiva of the eye in a severe ophthalmia; and now the joint contains fluid of another character; not synovia, but a turbid serum. Not unfrequently there are small shreds of coagulated lymph floating in the serum, or broad flakes of lymph lining the synovial membrane in different parts. In protracted cases the synovial membrane is thickened, and you will see in this preparation a sort of pendulous process, projecting from it into the articular cavity, like what is called chemosis in the eyelid.

In a more advanced stage of the disease, the morbid appearances are not confined to the synovial membrane; the cartilage is found to be thinner in certain places, or totally destroyed by ulceration. In this drawing [presenting it] you see the incipient process of this ulceration; and in these others it is in its more advanced stages. As the cartilage becomes completely absorbed, so a carious surface of the bone beneath is necessarily exposed.

I have said that inflammation of the synovial membrane terminates in effusion of lymph and serum, but it sometimes terminates in suppuration; the surface of the synovial membrane secreting pus in the same way as pus is secreted by the surface of a mucous, and occasionally of a serous, membrane. The joint, when under these circumstances, becomes one large abscess, and if a free artificial opening be not made at an early period, the matter makes its way out by ulceration, through the synovial membrane and ligaments, burrowing among the muscles in the neighbourhood, and forming sinuses. In these cases of suppurative inflammation the cartilage in the first

instance is unaffected, but that in contact with the pus soon begins to ulcerate, and the ulceration of the cartilage, of course, is followed by ulceration or caries of the bones. Here the suppuration is the immediate result of the inflammation of the synovial membrane, and the ulceration of the cartilage and bones is altogether secondary. But then there are other cases where the cartilage begins to ulcerate without pus having been secreted by the synovial membrane, and in which suppuration at last takes place, being not the cause but the consequence of ulceration of the harder textures.

Such is a brief history of the pathological changes produced by inflammation of the synovial membrane in joints generally, and of course in the hip-joint among the rest. I shall next speak to you more particularly of the symptoms of the disease as it affects the hip.

In the first place, then, inflammation of the synovial membrane of the hip is a disease that comes on suddenly, and in the course of two, three, or four days it is commonly at its height. You must remember this circumstance, and contrast it with what I shall tell you afterwards of the early symptoms of other diseases of the hip. Then, in the course of a few days more, under proper treatment, the pain becomes less severe: and now observe the kind and character of the pain. The patient complains of every attempt to move the limb. The hip-joint feels as if it were stiff, and the pain is referred, not so much to the hip itself, as it is to the inside of the thigh and groin; nearly to the same parts as in cases of fracture of the neck of the femur. There is not at this period a wasting, and sometimes there is even a perceptible fullness of the nates. If you press on the condyles of the femur, and squeeze the head of the bone into the socket of the acetabulum, the patient does not complain; nor does he complain if you press on the great trochanter; but if you take the limb and move it backwards and forwards, or if you take hold of the knee and pull it as if you were trying to pull the head of the thigh-bone out of the acetabulum, then pain is felt.

You have heard of dislocation of the hip-joint from disease, and I shall explain to you one kind of dislocation from this cause hereafter. I shall speak at present of dislocation from disease only as it occurs in cases of inflammation of the synovial membrane. I have seen several instances in which dislocation took place under these circumstances, and I conclude that the following is the proper explanation of it:—The cartilage begins to ulcerate and generally at that part at which the ligaments are inserted. The ulceration extends to one extremity of the round ligament. The acetabulum is filled with lymph and synovia, and the capsular ligament is thereby much distended. There is then, of course, a force operating, which tends to push the head of the bone out of the socket in which it is contained. The round ligament gives way partly from being overstrained, and partly from ulceration, and there is nothing to hinder the head of the bone from being drawn up on the dorsum of the ilium. In the particular cases to which I now allude, according to my experience the dislocation is always upwards and outwards, and we see this indicated by the usual signs. The thigh is bent forwards, the toes

are turned inward, and the head of the bone may be distinguished lying on the dorsum of the ilium. Before such a dislocation can be effected, the capsular ligament must have been kept for a longer or shorter time in a state of excessive tension; and it will not be difficult for you to understand how much the patient must have suffered in consequence. You know what suffering there is in inflammation and effusion under any unyielding texture; under a fascia, for example, or even under the thick hard cuticle of the thumb or foot. The patient suffers more from tension when the hip-joint is distended with synovia, or serum, or pus, than when the same thing happens to any of the other articulations. And for this plain reason: the capsular ligament surrounds the synovial membrane everywhere in the hip-joint, which is not the case in most others. In the knee, for instance, when the synovial membrane is distended, the fluid covered by the membrane usually slides up on the fore part of the thigh, under the muscles. Not only great local suffering, but great constitutional disturbance, is usually the consequence of this distended state of the capsule of the hip; severe fever, attended in some instances with a determination of blood to the head, and delirium. I have known such a case as I am about to mention occur two or three times. A girl was seized with an attack of what was supposed at first to be rheumatic fever. In the course of two or three days the fever was excessive. She lay in a state of delirium for several days, and she seemed, as it were, to supersede the local symptoms which existed in the first instance. She nearly died, but by and by things took a favourable turn, and she recovered. After her recovery her friends looked to the limb, and to their surprise found it very much distorted. Mr. Earle and myself saw the girl under these circumstances, and we found that the head of the bone was lodged on the dorsum of the ilium. In some cases of this kind when the head of the thigh-bone is pushed out of the socket of the acetabulum, the serous fluid which has been collected within the cavity of the capsular ligament makes its way through an ulcerated opening of it into the cellular membrane external to the joint, forming a tumour under the glutæi muscles. This tumour evidently fluctuates, and you might suppose it to be an abscess, but take care not to arrive too hastily at this conclusion. It may, it is true, be a collection of pus which cannot be absorbed; but it may, on the other hand, be a collection of serum and lymph, which may be absorbed. The grooved exploring needle (which you see so frequently used with advantage in this hospital), may be usefully employed in this case. Puncture the tumour with it. A little of the fluid will probably escape along the groove, and if you find that it is really purulent, you may then introduce a lancet and make a free opening; but if it be serum, you will take care to go no farther. It is doubtful whether pus is ever absorbed. If this ever happens, it certainly is a rare occurrence; but an effusion of serum becomes absorbed ultimately. If you find the fluid to be serous, you have nothing to do but to leave the patient quiet, and wait for the time when absorption will have taken place. If you open a cavity containing serous fluid with a lancet, in all probability you induce

suppuration, and thus make an abscess where there was no abscess before.

Such, then, are the principal circumstances respecting the pathology and the symptoms of inflammation of the synovial membrane of the hip; I shall speak of the treatment in another lecture. But before we go farther I should like to call your attention to a preparation which is now on the table, taken from a patient who died lately in this hospital. I think it not improbable, though we do not know enough of the history of the case to speak with certainty—for we did not see the disease till it was far advanced—that here the original disease was inflammation of the synovial membrane. The cartilage is extensively ulcerated, the synovial membrane is rather (not a great deal) thickened, but the circumstance which leads me to suspect that the original disease may have been inflammation of the synovial membrane, is this, that the joint was filled with a number of small granular bodies, composed of coagulated lymph, and I know that in other cases these bodies are the result of inflammation of the synovial membrane. You find them sometimes in joints, but more frequently in the synovial membranes which constitute the bursæ, and sheathe the tendons. These granular bodies, after a considerable time, assume an appearance like that of small melon seeds, becoming flat and smooth, and of an oval figure. The joint in this instance contained a great quantity of these bodies and they had caused the head of the bone to be partially pushed out of the socket. There is a groove formed in the head of the bone, where it had rested upon the edge of the acetabulum. If this patient had lived some time longer, the bone would have completely escaped out of the socket, and become lodged on the dorsum of the ilium, so that there would have been a complete dislocation. As it was, the dislocation was incomplete, or what they call a subluxation.

The chronic diseases of the hip more frequently have their origin in the harder textures than in the synovial membrane. It is very common to call all diseases of the hip-joint scrofulous, but it is also very common to call any disease scrofulous. The fact is, that in most cases diseases of the joints are not scrofulous, not particularly connected with a scrofulous diathesis; but there is one disease of the joint which is especially of this description, and of that I shall speak to you next.

Scrofulous disease of the hip.—This disease has its origin in the bony structures. It occurs most frequently in children, and very rarely after twenty-five years of age. We meet with it especially in those children who have a fair complexion, light hair, blue eyes, and wide pupils; and who are delicate and precocious.

If you examine the morbid appearances in the early stage of the disease you find the synovial membrane, the ligaments, and the cartilages quite sound, but there is a peculiar alteration in the articulating extremities of the bones. You can even cut them with a scalpel without turning its edge, there being in them less earthy matter than natural. The cancellous structure of the bone is unnaturally vascular, and a small quantity of serous fluid is to be found in the

cancelli. But in a more advanced stage of the disease the bones become still softer, so that you may crush them by pinching them with the fingers; and, *now*, the cancellous structure, instead of being more vascular than natural, is less vascular, and, instead of a serous fluid, you find a yellow cheesy matter in the cancelli. The vascularity of the bone goes on diminishing, and in some parts of it the vessels become so obliterated that the bone dies, and becomes an exfoliation. Here is a section [presenting it] of the femur and tibia, where you will see both stages of the disease. Here is another [exhibiting it], showing scrofulous disease of the bones as plainly as it can be seen in a preparation. If these dried preparations [exhibiting them] were out of the bottles you would be struck with the lightness of the bones, from want of earthy matter. Here is a drawing [exhibiting it] from a private patient who had disease in one hip-joint. On examining the opposite joint in which no disease had been suspected, there was the appearance of the head of the femur which you see in this other drawing occasioned by increased vascularity in some parts, and a deposition of cheesy matter in others. The surface of the bone next to the cartilage being diseased, you may well suppose that the cartilage itself will become diseased afterwards; and so in fact it does. The cartilage loses its very firm adhesion to the bone, and you may peel it off, and as you do so, a red vascular surface of the bone is to be observed underneath. The surface of the cartilage where you have peeled it off is a little rough. Here is a specimen [exhibiting it] illustrating what I now mention. The cartilage then begins to ulcerate. How is it that the ulceration of the cartilage takes place in these cases? The ulceration begins on that surface which is towards the bone; and as it is thus, as it were, eaten away, the space formed between the cartilages and the bone is filled up by coagulated lymph, which becomes organized. The ulceration goes on, getting deeper and deeper, till it penetrates through the cartilage, making at first a small opening, through which a probe may be passed until it comes in contact with the bone. The ulceration by degrees extends in every direction, and ultimately the cartilage becomes everywhere destroyed. Here is a drawing of the other hip-joint of the patient, to which I referred just now. There is a section of the head of the femur, and you see a yellow cheesy deposit within, while the cartilage has completely disappeared from the surface. As the disease makes still further progress, suppuration becomes established in the joint; but the cartilage in these, as in other cases, often ulcerates to a considerable extent without the formation of abscess. It was shown by Mr. Hunter that suppuration and ulceration are not necessarily connected; at least that you may have suppuration of the mucous and other membranes without their being ulcerated; and there are numerous facts connected with the pathology of the joints which establish the converse of this, showing that ulceration may take place without the formation of pus.

I will now state the symptoms which this scrofulous disease produces in the hip. The most remarkable thing is the small quantity of pain which it for a long time produces. Indeed, the scrofulous disease