

left untreated, gradually become worse. Measurements are not of much use. There is no actual shortening in any case except where there has been pathological destruction of bone or a fracture. Such cases of shortening are rarely met with, and the writer has only seen one in which the pelvic inequality resulted in "sciatica" in a young woman who as a child had fractured her pelvis, the line of fracture running obliquely across the acetabulum.

In the differential diagnosis care must be taken not to mistake these signs of pelvic inequality for muscular deformities due to caries of the spine or pelvic bones. Any active disease of the pelvic bones must be excluded, and special care must be taken not to overlook a sacral growth or a deeply-seated aneurysm, in both of which the "sciatica" may be the main symptom complained of. An x-ray photograph should be taken wherever possible, as it may give useful information.

TREATMENT.

The treatment of this condition is quite simple, and once the diagnosis has been made, there should be no difficulty in easing the patient and rendering her condition more bearable. A permanent cure cannot be looked for. The ligaments cannot be restored to their original strength, and the gaping between the joint surfaces remains. What the orthopædist must do is to prevent this condition of instability becoming worse, and so increasing the

patient's suffering. The best way to treat the condition is, therefore, to fix the pelvis artificially, at first by means of a properly applied plaster spica, and later on by means of a well-fitting celluloid hip corset or gutta percha pelvic girdle. No matter what method is adopted, care must be taken that the fixing is at first absolute: there must be no "wagging" allowed, and to obviate this defect it is just as well for the patient to remain in bed for a week or more after the plaster spica has been put on. This relieves the strain on the nerve, which has caused a true interstitial neuritis, and is nearly always successful in relieving the pain as well. Where it fails to ease the patient, the neuritis may be treated locally by counter-irritation or by actual injections into the nerve. It is very rarely necessary to resort to such measures: usually a few days' perfect rest in the recumbent position suffices to relieve the sciatic pain. Then, of course, the pelvis has to be permanently fixed, as already described. For use after the plaster spica, nothing is so efficient as a hip corset made of celluloid and strengthened with light steel stays. This is easily made by the orthopædist who does not disdain to make use of the acetone pot himself; but if there is any difficulty in fitting it on, the corset can be made to measure by an instrument maker. In all cases the medical attendant should satisfy himself that it fits properly and does not inconvenience the patient.

THERAPEUTICS.

THE HARMFUL EFFECTS OF ACETANILIDE, ANTIPYRIN, AND PHENACETIN.

THE Bureau of Chemistry of the United States Department of Agriculture, Washington, has recently caused a series of questions to be addressed to 925 physicians regarding the effects in their practice of acetanilide, antipyrin, and phenacetin respectively. The objects of the inquiry were similar to those of one carried out under the auspices of the British Medical Association in this country in 1894. From the replies received it is clear that the drugs in question are regarded by the profession as much more dangerous than they were formerly thought to be, with the result that the doses employed, and the number of cases in which they are applied, are much smaller. Of the three drugs, phenacetin is the most extensively used, because it is generally regarded as being less harmful than the others. The dosage is not greater than 5 grains in the case of 87 per cent. of physicians who use acetanilide, 70 per cent. of those who prescribe antipyrin, and 70 per cent. of those who use phenacetin.

SOME TABLES.

The following tables may be of interest. The first is based upon the replies of the 925 physicians mentioned above, and the second upon the analysis of the cases reported in the medical literature for the period 1884 to 1907. It is somewhat curious that phenacetin, which is undoubtedly the most used, should be reported to have caused more deaths than antipyrin in the collated experience of physi-

cians, whereas in the table drawn up from the literature it is easily last.

TABLE I.

	Poisoning	Deaths	Habitual Use
Acetanilide	... 614	16	112
Antipyrin	... 105	5	7
Phenacetin	... 95	7	17
	814	28	136

TABLE II.

	Poisoning	Deaths	Habitual Use
Acetanilide	... 297	13	32
Antipyrin	... 488	10	—
Phenacetin	... 70	3	1
	855	26	33

CONCLUSIONS.

It is noteworthy that very nearly half of the cases of poisoning occurred in patients who were taking the drugs upon their own responsibility, without a doctor's prescription; and it would seem to be most important that the public should know how dangerous these remedies are unless prescribed by somebody who understands them fully. The poisoning symptoms were often produced by doses that were not greatly in excess of 5 grains, and in 85 per cent. of the cases that occurred in children toxic symptoms resulted from doses as little as 2 grains of acetanilide or of 3 grains of antipyrin.