Thesis for the degree of M.D. by R.S. Adams M.B.

A case of hemihypertrophy with notes of several other unusual cases collected from literature.

Photographs of the case are shown.

References are inserted at the end of the paper.

The X-ray photographs have unfortunately not been examined thoroughly; one will be shown.
Case of circulatory heart insufficiency

Horace Smith, aged 8 yrs.

Complaint: Slight limp of the left leg. Mother brought the child because she wanted to know if it was possible to have something done.

Family History

The parents are both alive and healthy.

The mother is a healthy, middle-aged woman. The relation to the household. As a girl she was in the habit of going out to work and some marriage she has had a lot of work to do in the house. There is no trace of insanity in the family. All the members living strongly healthy.
of the mother parents.
The father is also healthy,
but the mother died of
consumption while with
a young woman. She
parents had a family
of four. A son and a
daughter.

The son—healthy, well
devolved—is the father of
five—two sons and three
children. All
children are well
devolved, and show no deformity.

All the daughters have
married. Some have

The oldest daughter has
a family of two. The
youngest daughter has
a family of two, and

All other children are
healthy, well developed,

The father is a
modest and kind man, a

former tradesman, of sober habit.
He is one of eleven children. The father is alive and is a very firm acquaintance of a woman. The mother died soon after birth of the youngest child.

The family consists of seven sons and four daughters. In some cases any deformity occurred. They all grew up and reached some son married and have families, in which no deformities have been noticed.

In making further inquiries into the family history, one can detect no history of insanity or deformity.

**History of Birth**

Full term child. Easy delivery. Small labor. No instrument in childbirth used. During pregnancy the mother...
enjoyed good health. The pregnancy was normal up to the 10th day. The mother, reaching a rapid rate of recovery. She was perfectly healthy during the time she nursed the child.

At the 7th month of pregnancy the mother had a slight fall. She injured her left side with the heavy region. It was very sore and she could not lie down. The history of illness during pregnancy.

Nero was the 2nd in a family of 3—all boys. The elder, brighter, intelligent in aged 4 years. The youngest is a year old. One brother appeared in 6 months. Neither of these children were in any way deformed.
From the above history it will be seen that all the rest of the family, including domestic servants, show no such deformity or atrocity. The only one thus affected.

History of child
At actual time of birth, mother was about going with the child. She was not yet a week late. It was observed that the two halves of the body were about not to correspond in size. The man, instead when the child was being washed, he differed was said to be greatly surprised at the size. The mother, however, the condition as follows.

"The left side of the body
including the face, arm & leg, even much larger than the right side. The difference in size of the legs & arms first drew her attention to the condition & then she visited the rest of the body, including the face. The child was quite healthy & active. He did not suffer from any skin disease - the skin being quite normal. The teeth showed no indication of any teeth. The child began to walk at 1½ yrs. & was soon able to run about, but always with a slight limp. Nothing could be traced.

Previous illnesses:
Said to have had one or twice.
me for half year or again a year later. Said I have had no other illness.

The difference in size of the two sides of the body does not seem to be
increasing. Seen to be lying about the same

**State on Admission**

Well nourished, big for his age, bright and intelligent. No
symptoms of serious disease. A cheerful
patient. Tapers his nose and Reynolds
signs are negative. Cough.

Child's complexion is
blond with a good
fresh color. Long, wavy
hair, and an anxious, no
signs of rickets. Skin
soft and smooth in color
and texture. This regime
The hand appears normal.
So long and too small
in comparison with the
lately. The femur is un-
clined: no cranio talar
The knee is a 9:3 trim
& equal on both sides
both in quantity &
gravity.

The eyes show a certain
amount of difference.
Hazy vision of the
left eye is seen as an
early sign. The right eye is
situated in the normal
position & is not
swollen. This gradual
as far as one can
judge is an equal. The
does an unusual. The
field of vision is
good in all directions.
The left cheek including
the left half of the
face is slightly less
than the right. The left
cheek is also of a
depth colour.
The difference of an inch in the right and left eye is well seen.

The tongue is also seen to be unequal in its two halves. The left is much larger than the right. When the tongue is protruded it goes to the front and to one side as in the case in cases of hemiplegia of tongue.

The tongue also shows the difference, but not as well marked. The bulk on the left side shows of bulge if any difference. The child has a very good set of teeth with the same number in each jaw.
The left ear is smaller than the left. It is of a similar type. The difference in size is very slight in length & breadth. The external auditory meatus on the left side is longer than on the right side. The hearing capacity of the two ears seems equal.

The thyroid gland is much, affects normal to show no marked asymmetry. The enlargement of cervical lymphatic glands. The lower masses of fat under the chin & above the clavicles.

The chest is well formed. The region of pectorals, a defined chest. The bulging is in dome shaped areas.
The abdomen is slightly prominent, but not unduly so for a child of that age. The walls of the abdomen are quite soft, rather not approximating to the thickness of the musculature, but situated distinctly to the left of the mid-line of the partition. The upper portion can not palpate the gland, can it lie in the abdomen.

At a glance one can see that the lower end of the stomach is larger than the rest, well seen below the dia- phragm of abdomen.

The air-distock, which is much smaller than the liver, being less than half the size, has not ascended into the thoracic
on the external nerve.

The left testicle has reached the scrotum in its normal place. It is well developed but does not seem to be of less large size in comparison to the left side of the body.

The difference can be made out in the two sides of the picture. But there is a decided falling off in the female (this is well brought out in a plaster cast). The scheme is hardly noticeable when the child is walking about.

The difference is indeed in the masculine form of the two sides of the external glands on each side, the man.
The mouth of the arm has been done, but is large, and the arm, both in length and girth, the arm is enlarged as a whole—the muscle girth equally with the forearm. The tendons are well formed to all the musculature; a deep as well as the superficial. The joints are all normal with pulsation, movement, or stability. There is no edema. The veins are prominent. The enlarged superficial veins. The lymphatic glands are not enlarged.

Both hands are well formed individually. Both are fairly small. In contact the child does not seem of the difference in length of the two hands.
The edges in my arm preparation in comparison with the rest of the liver. The left liver is such an unusual shape, in the lower half, and partially to the greater length of the left liver in therefore comparable to how the length of the two leaves was equal.

The looking at the child one would say that the two liver were well developed and belonged to the different children. The left to a child other child than the one to which the Mr. Loy belonged to.

Of the upper end.

Very little difference can be detected in the superior and inferior, but the rest of the left upper lobe, which is well developed and quick, is well in a liver.
more than this. The arm is longer both in length and girth. The digits are in proportion to the limbs.

The arms are used equally well. The child changes from one to the other with greater ease. I am far surer on one arm on certain days and on one in preference to the other. The grip of the left arm is stronger than that of the right arm.

We now come to a most interesting point - that is, as regards the examination. For the liver, which is so rare, long

there is the difference in size of the two sides. By measurement, it is found that on the right side is larger than the left.
The actual measurement is 9 inches left and 9 \( \frac{1}{2} \) inches at side. The whole is long 18 \( \frac{1}{2} \) inches. The hair shows no difference on the two sides. The skin a substantial section shows no difference. The mean of the found.

The measurements will be taken altogether. To convenience of comparison:

- B. 1/2 of head = 17 1/2
- R. 1/2 of head = 9 1/2
- Left... = 9

Upper lines:
- R. head B. head line = 15 1/2
- Left... = 16

Arm left B. arm of singer = 31 1/2
O" of upper arm 6"
Left, 6 3/4"

This is all mention of distinct muscles.
O" of lower arm L. 5 1/2"
Left, 6 1/4"
O" of hand R. 4 1/4"
Left, 4 1/2"

Measurements of Leg:
Length of R. Leg = 18"
Left, 18 1/2"

O" of thigh R. 20"
Left, 21 1/2"

O" of calf R. 7"
Left, 7 3/4"

O" of foot R. 5 1/2"
Left, 5 1/2"

Length of foot R. 7/8"
Left, 5 1/4"
Measurements of breast
0" of distance at nipple
left = 9 1/2"
right = 10 1/2"

0" of abdomen at level
of umbilicus
left = 9 3/4"
right = 10 1/2"

Measurements of arm:
left = 2 7/8" in length
right = 2 7/8"

Height of child = 31 1/2"
Weight: = 24 1/4 lb.

In hanging the child
slight down to the dark
room it was at once
evident that the form
were affected as well as
the left breast. This
was well seen in the
former. The bones of the
left side are larger &
broader than on the No.
side.
Unfortunately, as the time was stretching longer, the horse showed signs of discomfort. The actual difference was noted in the horse's gait, with a slight sway observed when it was moving. The horse was normally restless in the stable.
All the mother's functions and examinations of
the muscles are well attended to. She
shakes the leg, we will ask to support the child
in an erect position.

The arms function perfectly, with deep
symmetry. She has no
abnormalities. She is healthy as
an ox, one can ascertain.

The blood pressure on one
side, the blood pressure
on the other side, there
is no difference. The
tranquility of the central
nerves are the same. The
temperature is the same
on both sides. There is
no sign of lymphatic
obstruction or gland
enlargement.
in all sense

The child is brighter & intelligent. She behaves at home. Takes interest in work in going on around them. He is very fond of playing with toys, such as trucks, &c. In writing, as a rule, he is very good. He is perfectly clean habits. When he does cry he is difficult & noisy.

The reflex reaction
when no abnormality. Child has complete control of Rectal & Vasal sphincter. The urine is normal.

The tonic on the whole body is normal, no difference on the two sides. The regime of any kind is to be found at any point. The male on the left side flows more.
regard.  There is the inside
the direction of the inward
secretory glands are
not cut.
On referring to literature upon the subject, we find very few good examples of cases but unexpectedly reported. Very few cases have been followed to the p.m. room, but many have repeated upon at the home. This is vague, at an it gives us no complete history of the case, but simply as it were, a glance at the case. We do not know in certain what this condition in these can developed into. We know what the food contains in examination might have shown. Was it all due to a known as has been shown in one case, or was it all due to some cause which leaves no trace. We must more certainly. We must follow our case from start.
+ me exactly what the
justification examination may
mean. But even after carefully
following a case, the examiner
may be refused a
in Dr. Thomson's case.

Let us now turn to
some cases in literature. If
compare it with the
present one. In turning up
the existing Federal acts in
commerce, we find the
subject of transportation. We
must turn to a wider field
to just one a small bit.
then to a round plot which
to bring all these together
by Chris some this in the
present case.
Before learning to understand any case one must by classification the cases in order to be more thoroughly understand under which heading the case is to be placed.

In the first place one must be careful to include every case, even if of which condition might vary early be, without a careful study of the case, one arrives under other heading.

The condition may be classified under two different headings. 

By jeho or signify an inequality of development, all lesions may not be affected. In many cases only a certain lesion is affected, such as the subcutaneous lesion...
The jake are more abnormal than the hen. Though usually congenital, they are not always so, in many cases they are progressive, the rate of increase being irregular with periods of quiescence, usually limited in extent, occasionally isolated, and often associated with some such abnormality as irregularity of macrodactyly. It is here

By the way we

argue that all the cases of the jake are affected equally. It is less common than the jake, in which the asymmetry of the foot is preserved, in which all the toes are affected, in particular with a less pronounced in the quills.

The hens are always congenital. They are not progressive. They are not
effect the development of the limb to any great extent. They are usually distributed over a considerable part of the body. They are always unilateral, and they are not associated with any such abnormality as syndactyly, hydromelia, etc.

We need not confuse ourselves with terms here invented, as some prefer to call it (from Latin) hemimacropenia. True hemimacropenia is always congenital, though often not noticed until a few days after birth, and when the mother or nurse's attention is first directed to the infant in a more or less condition such as when the child is very colicky.

The condition is stationary, i.e., the child as it grows...
Dear Sir,

I understand your concern about the conditions of the factory and the health of the workers. I believe that the management should be more attentive to the needs of the employees. The workers should be provided with better working conditions and regular health check-ups. I also think that the management should consult with the workers to find solutions to the problems they face.

I hope that something can be done to improve the situation.

Yours sincerely,

[Signature]
t roughly return that start
the body may be
larger than the other.

The symmetry of
strictly unilateral and unassociated
with any other deformity.

This at once distinguishes
it from false symmetry
from among the other similar
conditions, the case of which
are all lacking in
knowledge.

The family history
generally exhibits the following
facts. The suspected case, the
deformity of parents or relatives,
mother or other family
peculiarly. The family history
is generally good.

There seems to be
a tendency for more males
than females to be
affected.

The condition is always
congenital. But this is often
not the history given.
due to lack of observation on the part of the parents. They often state that the condition first began a few days, weeks, or months after birth. But this can not be the case because the hypertrophy is stationary, not progressive, or they would not be permanent.

It is very common to find many. These may be very small or very large. Also, some may be found beneath the skin, whereas others are not connected to the affected side.

As a rule, the nitrous oxide is most often affected. The new growth, in growth, is some smaller than in length. The chest grows are generally more affected than the personal. Abdomen of pus, or abdomen of

It has been stated that, in many cases, an always hyperthyroid state atrophies and the arm shortens. I turned it from this. But this is a case quoted in favour of it being atrophy and hypothyroid.

According to Gump, the condition may exist:

I. Bones only
II. Soft tissues only
III. Both bone and soft tissues
As a rule, it is more marked in the soft tissues. Before the age of four, it is more difficult, if not impossible, to say if the bones are affected. We have very few post-mortem reports.

With difference in levels of the bone, there is a tendency of the flexion - curvature of the spine.
The cutaneous junction
cutaneous glands, subcutaneous glands, hair, nails, and muscular tissue, and on the affected side.

The patient, affected
with this condition, are generally healthy, with
subcutaneous glands. But in Greece, can stay all 11 mos.
with both arms affected-th
subcutaneous was not good.

The abnormality in
was a portion of viscera
has been relieved for in
two cases, which will be
good for later. In these two
cases, the arm was affected
the same longer.

The temperature in
the affected arm is not to
be lowered. This was certainly
just so in my case.
Let us now turn to repeated cases.

Harmonium found that the hypertrophy was limited to the soft parts only. The subcutaneous tissues, muscles, and the skin. Further—

Hardening of septa and enlargement of muscle bundles.

In another case quoted by Harmonium, there was thickening of the skin, especially of the suprapubic, chiefly due to the thickening in the subcutaneous connective tissue. There was also thickening in the amount of fat hypertrophy. Of the walls of the veins, the skin, and muscles found. Consisted in the presence of an excessive amount of connective tissue in the parietal membranes. The end of grandeur of the posterior root was normal. There was thickening of the middle coat of the arteries.
Finlayson reports a child with congenital auricular hypertrophy associated with cutaneous patches of congestion. 

Sorgan reports a case of hypertrophy of the right half of the body of a child of 4 yrs. This was first noticed shortly after birth. 

Dziaglov reports a case of congenital unilateral hypertrophy. 

Tolman of Hamburg reports a case in 1893 of a girl of 10 yrs. The whole of the right side of the body was much smaller and under-developed than the left, resulting in a limping gait. The cutaneous reaction of reflexes showed no abnormality. 

The asymmetry was first noticed when the child was 3.
In this or Denman's case, there appear to be some similar cases to that of Pedman.

Pedman described an unusual case of hemihypertrophy in a boy aged 10. Noticing in the family history, it was found the child had had some deformities. The deformity was noted at birth, but not to such a degree as a later period.

The hypertrophy affected the right half of the body, but it chiefly affected the leg, thigh, and buttocks. Numerous hemisected spots were scattered irregularly on the body, but most thickly on the right side, especially on the inner surface of the leg.

Drummond reports a case of a female child aged 1 in which the right side was affected.
The only deviation from uniform success of any of the sides was shown in the sex fingers. The tips of the same side of both of the other hand and the left hand showed no hypertrophy except a little enlargement of the thenar eminence. Of one side in the usual description of such a case, it may be that there is deficiency of growth on the opposite side. In this case, it may have been so with the left side as they were contracted for the child's age. There was pronounced atrophy of the hypotrophic side of the muscle called a muscle on the body.

There was also reported later similar hypertrophy in a small child of 17 months. The side was much involved and the anomaly was identical to the case of a
deficiency of growth of the left side, as well as non-development of the right side. The thymus was present on the right side only once on the left side.

Case reported by Dr. M.S. England of hemihypertrophy with multiple neurofibromatous tumors at 2½. The left ear was much larger than the right ear; from which arose a permanent discharge. The muscles were so atrophied that the ear could not be seen, lying under the left shoulder bone. A soft, elastic mass, apparently not adherent to skin, was an underlying tissue. The mass extended over under the tongue and ear. The left abdominal fossa was much larger than the right. The left eye was much larger than the right.
There was considerable protrusion of the left eye, which was more prominent on the left side than on the right. The head of the left side of the body was more convex than was normal, and there was a little growth on the right side of the head. The child was otherwise normally developed.

The mother stated that the child was born with the left half of the face apparently normal, but the left eye larger than the right. The left side of the

face did not move; it was a little colder. The child was unable to

walk, but could sit up. It was backward mentally, it did not talk.

On admission she had a regular temperature and child

The post-mortem examination revealed the following facts:
all the cranial nerves
were affected. England thinks
that the hemiatrophy was
due to an abnormal
sympathetic influence of the
affected nerves.

Alto Thomson has
reported a case of hemiatrophy
of the lower half of the face and head, in which
the gums, canals, fauces,
more especially than in Flourens,
were enlarged. The branch of
the fifth nerve were correspondingly
enlarged; the bone changes
accompanying corresponded to area
of destruction of the nerve. Hence
Thomson concluded that the
hemiatrophy was due to
an uncalled sympathetic influence
of the nerve.

In England's case the
hemiatrophy was confined to the
cranial nerves related to
Upper teeth, and the hemiatrophy
was more generally distributed.
Case reported by C. Russmann. The whole half of the body resembled with enlargement of the upper half of the
brain. Bay, youngest of family of three. The mother healthy. She attested the confinement to a shock she received which fragmented.
Child intended to fall down, but the mother's abdomen was fuller than in previous pregnancy. 7th to 10th month felt labor pains one in. At delivery at full term forceps had to be used because of large head. Child at birth weighed 12 lbs.

Seen on the 5th day after birth, it was noticed that the right arm was larger than the left. Also noticed that the right arm cheek was large.
At eight months this child weighed 28 lbs.

Ruesmann first saw the child when seven months old. The left side of the exomma was longer than the right side. The umbilical line was readily palpable, the grooves were quite patent. The left eye projected slightly. The left half of the tongue was greatly enlarged.

There seemed to be a slight deviation to the left when parted. The right arm, arm, forearm, wrist, hand, fingers, nails were normal. The enlargement seemed to involve the skin, subcutaneous tissue, stomach, and similarly involved the bones.

No other difference was noticed in the difference in size of the right chest.
The right abdomen was slightly emaciated, particularly the skin and subcutaneous tissues, which on the right formed a loose fold, sometimes purplish, without an unusual sense of tension.

The right ileus, though long, was not to the patient's larger. The length of the right leg was also greater than that of the left. The enlargement seemed to involve all the tissues, often a subcutaneous layer or including the bone.

The much more round and equally good on both sides, but the prominence of the right side was more clumsy than that of the left.
The attempt to grasp an object with the right hand was less difficult than with the left. The arm jerk was not as readily obtained on the right side as on the left.

Pecosim also urges that there was an enlargement of the end of the cord, so it was understandable that the enlargement of the sciatic nerve was not due to invasion of neurone by a virus. He thinks the nerve cell and its cylinder, the upper neurone, were enlarged. If the upper neurone was enlarged, then one would also probably enlarged. But the neurone to run here the fact that invasion of neurone would also
prominent enlargements equally on both.

The enlargement of one side of the body or opposite side of the brain is a curious as rare. How is the central nervous growth to be explained?
Robert Hutchinson

urges a case of hemi-hypertrophy

in which the maternal

organ were affected

by at 4 months. He

was the fourth child. The

three older children being

great healthy. Born at

full term after an easy labour. The mother's health during pregnancy

was good. The following

condition was noticed at

birth—

He was a healthy and
developed child. There were

three small marks in the

skin. The viscera were healthy.

The extremities—except the

left arm—were to some

extent the brain also,

but the head, face

tongue were quite symmetrical

The asymmetry of the

ears apparently due to an
In error of the measurement, mention of the left side; the condition in the leg, particularly, revealing a different tissue. Measurements showed that the abdomen was on such a half greater than the right, the left calf two inches greater than the right, the left thigh on such a half greater than the right. There was no difference in the length of the limbs on the two sides. The left chest had a circumference of one inch more than the right, at the level of the nipples, which the left side of the abdomen at the level of the umbilicus exceeded. On an inch and a quarter, the skin on the left side showed a difference in color from that on the right.
The chord chord chiefly after lump men three bunches --
generously. The post made as all -- as follows --
The base and the stem of the list limits to left side of the trunk was due
century to an increased
day rest of sustenance for.
The base on the left
side was thicker in
human than on the.
The base was normal symmetrical to normal on
the other hand most of
the traced organs were
decidedly larger in the left
side than on the.
Then in drawn by the

Following weights:
Left Pteryg. 50 Grammes
Ph. ... 25 "
Left Antist. 2.3 "
Ph. ... 0.56 "
Left supram. 4.7 "
Pl. ... 14
The ankle remained normal.

The two sides of the thyroid now equal.

This can readily come under the head of false hemi-hypertrophy, but is quicker to come of its natural as regards the control organs.

C. G. Hawthorne mentions a case of hemi-hypertrophy. In this case the difference was seen even in the digits.

Dorner of Rome has published a case of hemi-hypertrophy. An infant with the normal enlargement of the base of the hips, sides which protrusion was found to be due to a peculiar form of hypertrophy of all its muscles, including the half of the Tencent.
along with corresponding increase in thickness of the meningeal tissue. The re-side of the cranial fossa was enlarged to make room for the enlarged re-side of the brain, but otherwise no asymmetry of the cranial structures was found.

Hemiplegia regards the case of a young woman. She had no hemiplegia, but complained in this case of the action of the affected side were much enlarged, the much larger than those of the left side of the body.
John T[omlinson] was an interesting case, but in this case we past
normal examination was allowed.
The family history was good except that the mother was subject
to febrile and rheumatic fever.
The child was born at full term, after a
similar labor, but no instruments were used
within a course of birth.
The swelling of the left
side of the face and the
left hand was marked.
Child has had no illness
of any kind.
Examination of the child
showed the following points:
The left eye is distinctly less
open than the left one
owing to the swelling of
the left side very great
in the right side.
The cranium literally well joined. The suture seemed in order again. The growth of the hair on the left side of the scalp is equal. There is considerable growth of hair on the outer temporal region. The sternum is much thicker than the clavicle. The chest has a large drum. The glands of the neck are enlarged. The tongue is quite symmetrical. The trachea are equal in size. The abdomen is slightly sunken. There is no elevation of the ribs. The heart is large, as usual. The abdomen is large. The muscles in the abdomen are thickened on the left side. She has control over her bladder and bowels. She signs several times.
upper arm muscle. The left
is normal. The n. is
even slightly larger, although
not longer than the left.
The enlargement seems
to be due to thickening
of the substantia
adverse. It is also
present in the upper arm,
more so on the forearm
and hand.

From extrapolation, the
depth is normal. The
n. is smaller and
the n. upper arm, to
a greater degree
at times. She is always
more.
After being observed the case of a few other cases of
hematypoietic disease can show this case differs so materially from
these cases. For it is only by gathering a number of
cases together and closely examining all the
various points that we can hope to throw
any light upon the
subject.

This case resembles
Rissewasser's case very
close. The half of the
body supports half of
the cranialia. He was
unable to do anything
further than in the
present case, whether a
were the external organs
were affected or not.

He feared and may die.
The child was a healthy child as in the case of students in Russia. It seems that the left side of the brain was the dominant, and it was the desire to act more with the eyes that was passing down the spinal cord and nerves, possibly giving rise to difference in size of the two halves of the spinal cord. Even if this really was the case, it would only be conjecturing with the remaining difference in size of the two sides.

Again, as shown, there was a case in which difference was demonstrated in the size of the vasculature, showing that even the cerebral areas, such as in the prefrontal...
Honansey reports that
the time on the object side
was four twenty. This
was seen to the core
in any case. The integration
was agreed not material i.
the ends of the time
although there was no
sign of Peddlo. There was
ever any idea to
establish a showing
enlargement of the time,
but in the case only
of treated and wax
affected,

One can consider
the ways to see the
layers in the layering
migrated, from the depth
and through movement
and can it mean. But we
here was means as
an analog to determining
if there is any difference
in any of this other.

Viscum
The sense of hearing

was not unaffected

in all. This can

has to do with the fact

of one being more

than the other. In

my case no difference

at all could be made

out; although there

was a marked difference

in any.

It is wonderful how

and their patience are

all to prepare them

on duty and duty. They

are all to walk or

very much attempts.

and difficulty except for

a slight bending. The

guest is quite different

to that of a case of congenital

dislocation of the hip, or

Coca ideal in hip joint

disease. Then are

perfectly normal except

in the difference in size.
The articulation is poor.

The patient has no pain in the region about or near with joint. The joint is not a one in a case of injury or disease. In many cases the condition is not noticed by some people when it is noticed by the mother very little notice is taken of it. In my case the child was brought to hospital roughly because the unintelligence is bad. This was in my case. She talked little even great strength of happy mind. She never spoke with amiable character. He was also fond of people with others children.
Their care is one of great interest, not much for the condition of the examiner. All the parts on one side of the body are larger than on the other. The large half is supposed to a larger portion of them than the smaller side. Yet the larger one also seems to become prominent from a child grown. It seems to remain almost stationary as has already been pointed out. At times, found in one case. The same idea that got a start on the other, it simply continues it. The same is sufficient for me to say that the condition does not begin after the birth of the child.
If the condition shall begin
after the birth of the child, or were immediately
before birth, we would expect persistance until
birth. But this we do not find
in all cases. Certain are
progressive.

The cause of this
condition we do not know. The
brain is what we see. In
this one man, it is
the only one that we
see. Probably, there is
some other place.

In all
probability, the area of the
condition, other places
shall offer explanation. How-
ever, we have no guarantee
that is really true. So beyond the area
of the source.

This paper has
been written more from
the clinical point of view. But at the
since then keeping on.

and not what way to

found at the post-machen

examination if one is

made.

The subject is a much

more one than an at-

school example the

student is unfamiliar.

But we can learn how

the many cases of the-

tents fully repaired.

We are still very lacking

in knowledge on this subject.
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which a large amount of information has been obtained as also from the reference given.