

employed to adduct the limb, so that the upper extremity of the shaft of the bone, or the trochanter minor, may be made to act upon the edge of the cotyloid cavity, or on the bones of the pelvis, as upon a fulcrum; when gentle traction, and continued eversion of the foot will surely bring the head of the bone into the true position for reducing the dislocation. Among other points that must not be neglected in all these attempts at reduction is the employment of chloroform—this will not only obviate the pain natural to such an operation, but will greatly facilitate the reduction, by depriving the muscles of all power of resistance; so that it seems almost impossible to fail in our endeavours, after this method of practice, provided we have a just appreciation of the true course to be followed in our attempts at reduction.

During the employment of this method to reduce the dislocation of the thigh bone, the amount of traction necessary to restore the head of the bone in apposition with its cotyloid cavity, will be found trifling, comparatively speaking, with the power that is required to reduce the dislocation by direct force. In the one instance, a correct knowledge of the anatomy of the part enables us quietly to replace the bone in the position the most favorable for its reduction—while in the second, when we use the pullies, the force necessary to overcome the retractile power of the muscles acts as a stimulus to their more powerful contraction, and often forms the chief impediment to the object we have in view. Let us compare the ease and facility of these attempts at reduction to the formidable array of extension and counter-extension—the employment of pullies and use of violent traction. Even Dr. Ferguson confesses that such means had often failed, even after continuous and oft-repeated attempts—while in a few minutes afterwards he had known the dislocated bone easily relieved by hand; he says, “in some persons, after the pullies have been used for a considerable time, and when, perhaps, the rope has been relaxed in despair, a kind of collapse has supervened, when the muscles will become so flaccid, that a very slight degree of force, compared with that previously applied, will produce the desired effect.” What can be more plain than in this case, that the violence of the muscular action was the cause of failure? and had the surgeon but truly considered the anatomical peculiarities of the part, and have been directed by them, it is clear that he could have produced this effect—muscular relaxation—simply by position, without having recourse to the pullies, to overcome the muscular action by continuous and painful traction sufficient to produce fatigue. I think that this view of