

3. That this method of procedure tends by the contact of the great trochanter with the soft tissues over the rim of the acetabulum and by tension on the inferior part of the capsule, to produce the most perfect apposition and alignment of the fragments and to retain them most securely in the proper attitude.

4. That in complete fractures more perfect apposition may be obtained by a slight amount of gentle rotatory manipulation to allow the roughened fragments to adjust themselves.

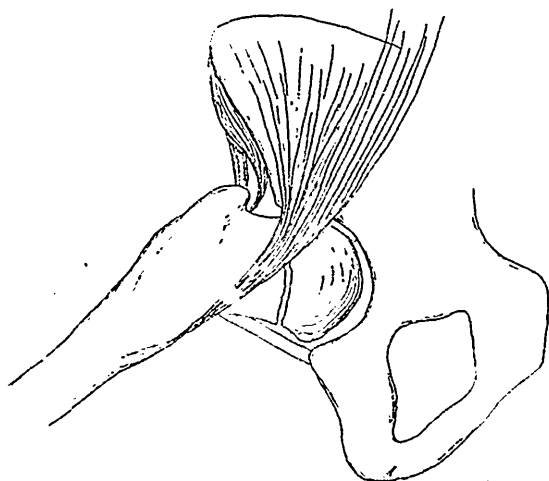


Fig. D.—This shows the effect of abduction of the thigh, and the restoration of the proper angle and good apposition.

The method of procedure is as follows :—

The patient is anæsthetized and elevated upon a pelvic rest, the essential part of which is the steel sacral support, which raises the pelvis about six inches from the table and does not interfere with the bandages as they are applied. The shoulders rest on a box or a pile of books and the feet and legs are supported by assistants. Seamless shirting is now applied, extending from the toes to the axillæ. The operator then takes his stand beside the injured hip, with the object of adjusting the fragments. One assistant steadies the patient on the pelvic rest and a second abducts the uninjured leg to the limit to demonstrate the normal range of mobility. A third assistant then grasps the injured leg and if the fracture is impacted, gently but forcibly abducts the limb under moderate traction, breaking down the impaction and only stopping when an angle of fifty degrees from the normal has been reached. The surgeon in the meantime maintains a downward pressure on the trochanter with the palm of his hand to assist the inferior part of the capsular ligament in preventing upward displacement. He also gently lifts the trochanter forward