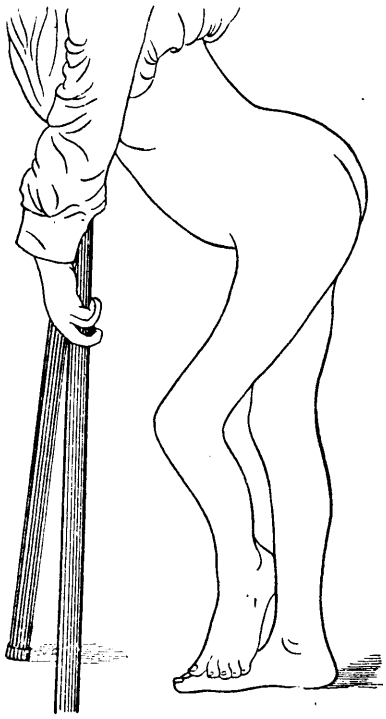

Fig. 2.

ing of the limb. In the case, Fig. 1, the affected limb was really two inches shorter than its fellow, while the practical shortening was six inches, because of tilting of the pelvis. In the same cut it is well shown how another deformity, namely, curvature of the spine, is dependent upon the upward tilting of the pelvis on the affected side. As, when the pelvis is tilted forwards, compensation is made by the lumbar flexion backward, so when the pelvis is tilted laterally, there arises a compensatory lateral curvature. Thus it will be seen that flexion of the limb upon the body and its adduction toward the mid-plane are not only unsightly deformities themselves, but they are important causative factors in the production of practical shortening and curvature of the spine.

Treatment.—A case efficiently treated from the commencement of the disease, by rest in bed, by the American traction splint, by the Thomas' posterior hip splint, or other means, may easily be kept from acquiring these deformities. When, however, they are already present, the mechanical problem implied in their correction is presented for solution. It is my practice when the deformity is strongly marked, to put the patient in bed, secure the sound limb and body in the horizontal position by the application of a long splint from the axilla, extending about ten or twelve inches beyond the foot, and at this point secured

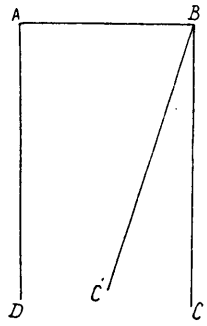

Fig. 3.

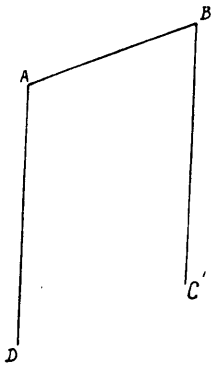

Fig. 4.

to the bed. Extension is now applied to the affected limb, pulling very nearly in the line of the axis of the limb, as determined by the deformity. Fig. 7 (Howard Marsh, "Diseases of the Joints," p. 398). This treatment is continued until the adduction and flexion of the limb are lessened or entirely corrected. (Fig. 8 is Fig. 7 after treatment).

When the deformity is thus corrected, I follow by the adjustment of a splint, so that the patient

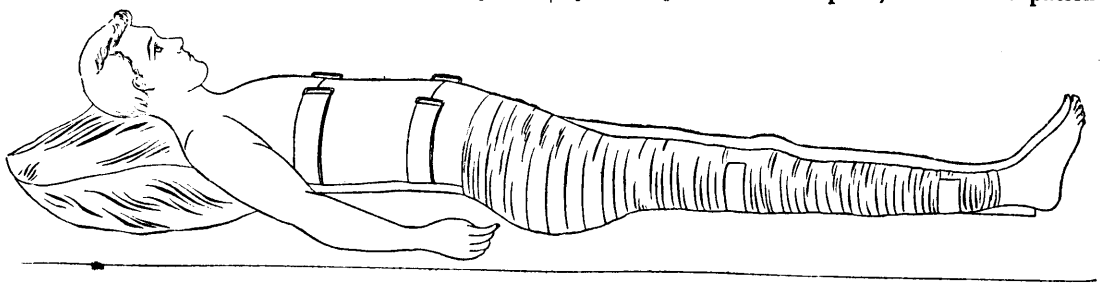

Fig. 6.