

which it now occupies, and also if there is any shortening at the present time. The head of the bone seems to me a little anterior as compared with that of the opposite side, and I would like to be perfectly sure that it is in the acetabular cavity and not anterior to it, a condition which is so often found in these cases. In the one or two cases I have had the opportunity of following the result has been very good. In one case the leg was brought down rather faster than Lorenz advises, that is, the plaster was changed every six weeks to two months and the limb brought down very gradually without apparently prejudicing in any way the position which was obtained; it was an actual reposition and not a transposition. The question of the absolute lapse of time which should intervene between the primary replacement and the time to bring the hip down must vary with each case, and it is a point of interest to know just how soon one can do so. Hoffa himself after a few weeks of the abducted and externally rotated position, brings it into the internally rotated position and with the leg more or less parallel with the other. The absolute necessity which Lorenz emphasizes so much of keeping the limb so long in the extremely abducted position almost seems to be an exaggeration; certainly the case I have mentioned did not require it.

DR. HUTCHISON: There is a little shortening of the limb. With regard to the possibility of the anterior displacement, I thought at first that such was present, but on examining the skiagrams taken at varying periods, I found this showed less and less and I came to the conclusion that the appearance was more due to the undeveloped head than displacement. Certainly you cannot get your fingers into any space behind the bone, so that with the parallel lines of the trochanter in relation to the anterior spines, the relative straightness of the leg, the one with the other, the extent to which the child can bend it and the weight which it can carry makes one feel that there is fairly good position. I took the precaution to examine very carefully under chloroform and we were satisfied that the position was horizontal. I think the appearance in the skiagrams of the head not being in the acetabulum proper is because of its undeveloped condition. As to the number of casts put on, the child has had three during the year, the second replacing the first rather clumsy one, in order that he may go home with a better looking limb.

DR. HUTCHISON showed a living case, a boy of 12 years who had been operated upon for separation of the lower epiphysis, the result of having his leg caught between the spokes of the wheel of a moving cart, a year and a half ago.

DR. ARCHIBALD: I recall a case of epiphyseal separation of the humerus which was seen outside, in which attempts were twice made