

narrow portion of the constricted purse-like capsule may permit the passage of the femoral head. Unless the attached and narrowed portion of the capsule can be so stretched as to permit the passage of the head the operation must be unsuccessful, and incision becomes a necessity.

Even when successful reduction has been effected, the tendency to slip out again is very great, and the limb must be retained in a strongly abducted position, and the patient allowed to walk about so as to cause pressure upward and inward, thus securing not only the retention of the head, but also deepening the acetabulum, and thus preparing the way for the secure retention of the femoral head when the limb has been restored to its ordinary position.

Briefly to epitomize the present status of surgical knowledge and practice upon this important subject :

1. The dislocation exists at the time of birth.
 2. The proportion of cases to the whole number of children born is very small.
 3. It usually passes unrecognized till the time when the child is learning to walk.
 4. The anatomico-pathological conditions are quite different from those present in ordinary dislocations.
 5. The insecure relation of the femur to the pelvis causes very marked disability and limp.
 6. In children under six or seven years, bloodless and successful reduction can be effected producing ideal results.
 7. In the case of older children, and if the more conservative method fail, in younger children reduction and cure can be effected by incision.
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Removal of Biliary Calculi from the Common Duct by the Duodenal Route.—McBurney (*Annals of Surg.*, October, p. 481) has performed this operation successfully six times. When a calculus is situated at the extreme lower end of the passage, and when it cannot be dislodged to a place higher up in the duct, its removal without opening the intestine is a matter of great difficulty and not a little danger. Removal by the duodenal route is indicated; the only objection is that the intestine is necessarily incised. But suture of duodenum is much easier than suture of the common duct, and if properly done will heal rapidly. The writer believes that the operation has a much wider application; he would prefer it for the removal of a calculus situated at almost any point in the common duct. He has found the orifice of the duct very easily dilatable, and it may be freely incised for at least half an inch with safety. The operation is quicker, cleaner and safer than the usual one. It has also the advantage that, by the introduction of a probe, the bile duct can be examined for a long distance upward towards the liver, and also when the orifice of the duct is dilated to a large extent there is far less likelihood that overlooked fragments of gall-stone, granular material, or thick bile will be retained and cause further obstruction.