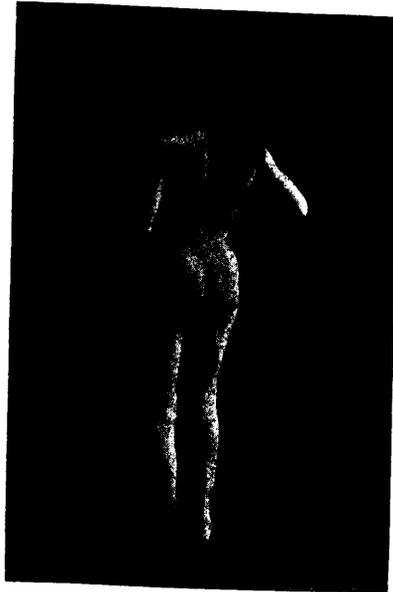


The limb should be placed in a flexed and abducted position, and thus retained by a gypsum dressing extending from the axillæ to the feet.

It is now certain that these cases can be cured by an operation such as that just described. In a case reported by Delanglade, a child of three years died from measles six months after operation, and the femoral head was found resting securely in the socket. Hoffa and Lorenz especially have reported excellent results with but little shortening, good motion, and slight lameness. When suppuration results, as it has in a good many cases, there is sometimes ankylosis or limited motion. This condition, however, still represents a great gain, as a gliding femur rest-



ing upon the side of the pelvis is one of the most serious disabilities; and secure anchorage, though with ankylosis and some shortening is a great gain.

In younger children, say under seven years, incision is now seldom found necessary. The experience gained in reducing the dislocation where incision was made has so familiarized the surgeon with the pathological conditions present that successful reposition can be secured in young children by a bloodless method.

Strong traction on the affected limb must be made so as to stretch the soft structures and produce abduction. The anatomical conditions present are quite different from those found in ordinary dislocations. It has been pointed out, and is shown in fig. 1, how the capsule is stretched across the acetabulum preventing the femoral head from entering. In order to stretch this portion sufficiently, it is necessary to employ abduction, extension, circumduction and traction with great force, so that the