

Selected Article.

THE LORENZ METHOD.

BY HENRY LING TAYLOR, M.D.

Professor of Orthopedic Surgery, New York Post-Graduate Medical
School and Hospital.

There appears to be some danger that the scientific value of Professor Lorenz's recent demonstrations may be obscured by the exploitation of the picturesque and popular aspects of his trip, or at least that professional judgments may be influenced by matters having little to do with the actual merits of the method.

Personal observation of Prof. Lorenz's work in New York has convinced the writer that previous to these demonstrations, the Lorenz method for bloodless reposition of the congenitally dislocated hip was practically unknown among us. While many bloodless reductions have been performed and many successes reported, the writer has never seen so much force used as is applied by Prof. Lorenz, nor has he seen it applied in the same way, nor the correction carried so far. In order to properly judge of the method, it should be done as it is done by its originator. From the perfectly frank admission of Prof. Lorenz, as well as from some of his reported experiences in this country, the operation cannot be said to be entirely void of danger, though the shock is moderate and the lacerations are soon healed. Used with judgment by experienced hands, the dangers appear to be moderate, but in the hands of the inexperienced or incautious, they may prove serious. From this cause, as well as from imperfect after-treatment, a strong reaction from the present popularity of the method seems not improbable, for which the originator will be in no way responsible. The brilliancy of the operation in the hands of such a master of manipulative technique, and the good results expected should not blind us to some of the apparent defects of the procedure, nor make us forget that a detailed analytical report of ultimate results is still wanting.

"Dry surgery" or "bloodless surgery" is a mere catchword, the important point being that our surgery should be at once scientific and practical, safe and appropriate. Where these conditions are fulfilled it does not matter much in the present state of the art, whether the method be dry or wet, tearing or cutting, manipulative or incisive, and if this particular procedure is generally adopted it will not be because it is dry, but because