

the little patient was thoroughly under its influence, traction was made in the direction of the axis of the limb, that is downwards and outwards. The jack towel, over the shoulders of an assistant, forcibly drew it outwards from the body, at the same time the limb was forcibly adducted, the towel in the groin acting as a fulcrum. After some little time the bone slid into its socket with a slight jar, which was distinctly felt but not audible. After removal of the apparatus the appearance of the limb had materially changed. The trochanter was as prominent on the one side as the other, the head of the bone could no longer be felt in the thyroid foramen, the adductor muscles were no longer on the stretch, and the limbs were of equal measurement. The patient did not complain of pain, but said her leg was sore above the knee where the skin was slightly ruffled from the bandage; in every other respect she said she felt comfortable. As it was necessary to secure absolute rest the limb was put up on a long splint, without a perineal belt, but with a broad band encircling the pelvis.

January 10th.—Patient passed a good night; no pain or uneasiness, but general soreness; no starting of the muscles; eats well and feels comfortable.

January 14th.—Since last visit no change has occurred; everything appears to be progressing; the joint, however, is tender, as a slight blow over the trochanter occasions pain. There was nothing of importance to notice up to January 30th, when I removed the splint and examined the joint. Pressure behind the trochanter elicits pain, and a blow over the trochanter has the same result. The general symptoms remain unchanged. The splint was reapplied for the purpose of keeping the joint at rest. This was kept up for a fortnight longer, when it was removed and a long splint with weight attached substituted, as I feared subsequent hip-joint trouble. The tenderness appeared to me greater than at first examination, although she did not complain, nor did her general health in any way suffer. This extension was kept up for three weeks, when the tenderness appeared to have gone. The dressings were then removed and she was allowed to leave her bed. At the time of making this report she is up and able to go out. Her general health is very good. She can walk on the limb, but it is rather stiff, nevertheless it may be reasonably hoped that in time she will regain the entire usefulness of the limb.

It may be regarded as very rare, the reduction of this form of displacement after eight weeks. Sir A. Cooper was of opinion that although dislocations of the hip had been reduced at longer periods, yet for the hip, eight weeks after the dislocation is the limit at which