

the left lower extremity was in everted position. Shortly after this examination was made the head of the right femur was excised.

After admission to the Children's Hospital he was treated by rest and extension in a plaster of Paris Spica, flexion of the right femur having first been reduced as far as possible under an anæsthetic. This treatment was continued until January 1905, when it was felt that the disease was arrested. The following notes were taken at that date.

The right femur is almost fixed in the flexed position. The head of the bone has been excised. On extending this extremity to the same plane as the trunk, a lumbar lordosis of about $1\frac{1}{2}$ inches appears. The left hip is almost completely ankylosed in an everted position. It is not markedly flexed.

When the patient attempts to walk, it is noticed that locomotion is performed by the right lower extremity alone. The left foot, which is held in a strongly everted position, is simply dragged after the right foot, serving only as a pedestal on which the patient stands while he advances the right foot.

The boy while standing in a position of rest places all his weight on the left foot, and on the toes of his right foot, his right heel being elevated from the ground, because of both real and apparent shortening of the right lower extremity. This apparent shortening is due to flexion of the right femur.

Repeated but unavailing attempts were now made by non-operative measures to increase the range of motion at the right hip-joint and to reduce the flexion.

On June 1st, 1905, a Gant's sub-trochanteric Osteotomy was performed and the result, over one and a half years after the operation, can now be judged by the examination of the patient. You will see that he now manages to get about fairly well, you will notice that he has still over one-half inch shortening on the left side but that this is actual and not apparent shortening. The head of the left femur is pathologically dislocated upwards. Bryant's Line on the left side is about $\frac{3}{4}$ inches shorter than on the right side. The right femur is slightly moveable, but the left is almost completely fixed.

If you will now turn your attention to the older boy (J.T.), who was referred to the Children's Hospital during March 1905 by the Charity Organization Society, I will say that on admission it was found that his left femur was flexed almost to a right angle with his trunk. On extending this thigh to the same plane as the trunk, $1\frac{1}{2}$ inches of lumbar lordosis was produced. The left lower extremity had an apparent shortening of more than $1\frac{3}{4}$ inches. There was a pathological dislocation, upwards, of the head of the left femur.