

it has advanced considerably towards the median line. During our attempts at reduction, if we should flex the limb too much upon the body, there is a possibility that we may carry the bone round into the thyroid hole; care, then, must be taken in all these cases that we do not very considerably exceed the obtuse angle, while by abduction we free the head of the bone, and by rotation present it to the opening in the cotyloid cavity. Should we have injudiciously applied our means of powerful traction, while the limb was still in a state of extension, we might possibly remove the head of the bone from its present position, but should be more likely to lodge it in the thyroid hole, rather than to return it into the acetabulum.

We trust that the lengthened detail and minute description of the several varieties of dislocation of the hip-joint which we have here ventured to present for the consideration of our readers, will have succeeded in convincing them, *that knowledge is power*,—that a due and scientific estimate of position, a proper understanding of muscular action, with a correct appreciation of mechanical force, will far more easily accomplish the end we aim at, and is preferable in every point of view to the employment of direct and powerful traction by means of pullies—that it is far less likely to produce evil consequences, such as laceration of the muscles, arteries, or nerves, and is certainly less likely to produce the pain and inconvenience to the patient which is sure to be caused by the powerful extension we have alluded to. Without a just comprehension of all the facts which present themselves in each variety of these dislocations, the pullies may, as it were, by accident, in some cases, restore the bone into its socket; but reduction cannot be accomplished with certainty and precision, without a clear and accurate knowledge of the true principles which should obtain in all these cases. The axiom which we have most strenuously endeavored to impress upon the surgical practitioner, and which we have repeatedly attempted to illustrate, is, that *we always endeavor to return the head of the bone to the articulating surface, by a course precisely the reverse to that which it took during its removal: bringing it back as it were by returned steps, from the position in which it is lodged, until we can accomplish the due arrangement in its normal situation.* We apprehend this is the true secret in all these cases of displacement, that will enable us readily to relieve our patients, and we flatter ourselves that when it is guided with science and knowledge, will seldom fail us in our attempts—it will be a certain demonstration that will elevate the surgeon above the