

manifesting itself, she had been allowed to be up and moving about again. In a general way, this vacillating policy had continued till December, 1907, when there was an unusually severe exacerbation, and upon being visited by her attendant it was found that much shortening of the affected extremity had suddenly occurred, or at least had not been previously observed. She had been kept recumbent until the writer saw her in April. There was great tenderness, and it was reported that it had been impossible to make a careful examination. Little difficulty in this way, however, was experienced, and the limb was found to present one and a half inches of actual shortening. There was also a collection of fluid at the level of the great trochanter, lying at the outer side and behind.

The girl was at once removed to the Orthopedic Hospital, and the method of treatment here advocated has since been employed. She has also had two injections of iodoform into the sac containing the fluid collection. At the present writing, all indications of fluid have disappeared. The tilting of the pelvis has been corrected. The femur has been drawn downward in its relation to the pelvis, so that the stump of neck is in apposition with the acetabulum, and it is being retained in that position, as shown by a radiograph. There is apparent lengthening of the limb, amounting to about a half-inch, through tilting of the pelvis. There is also about a half-inch of actual shortening, as seen in making measurement from the anterior superior spines to the malleoli.

It is the opinion of the writer that it is but seldom that the effect is brought about which has been here outlined, namely, to bring down the femur after the neck has once ridden above the level of the acetabulum. In this way the stump of neck remaining is brought to the normal position, where ankylosis is being effected. A general improvement in the girl has been manifest from the first, and her constitutional state is of the best. For the intervening months she has been regularly exposed every day from morning till evening to the solar rays.

The gain sought for and obtainable by the method of extension here advocated is evidenced in two ways: First, the affected limb is drawn downward, and the pelvis of the sound side is drawn upward. This maintains, during the time of treatment, abduction of the affected limb—a most important matter, when it is remembered that a very large proportion of the deformities of after-life following hip disease are due to adduction. In a later part of the paper it will be explained how this abduction is maintained during convalescence by the use of a hip brace. Second—The second element of gain referred to above is illustrated in the report of the case of Miss H. A., showing how the femur has been drawn down so as to bring the remaining portion of the neck into apposition.