

Dr. Smith's plan is to place the body in a horizontal position, fasten the sound limb and body to the bed or table by means of a broad band or belt :—" Grasp the knee of the dislocated leg, flex it upon the thigh in order to make the leg a lever, with which to operate on the thigh bone; then gentle rotation of the thigh outward, by inclining the foot toward the ground and rotating the knee outward; then the thigh is to be slightly abducted by pressing the knee directly outward; lastly the surgeon freely flexes the thigh upon the pelvis by thrusting the knee upward toward the face of the patient," and at the same moment the abduction is to be increased, and a degree of rocking motion given to the bone.

Now contrast these instructions with Reid's method, which is "to place the patient on his back—table or otherwise convenient position, for the physician. Then seize the ankle with one hand, the knee with the other; then flex the leg upon the thigh, strongly abducting it, carrying it over the sound one and at the same time upward over the pelvis by a semicircular sweep, as high as the umbilicus; then abduct the knee gently; turn the toe outward, the heel inward, and the foot across the opposite and sound limb, making gentle oscillations of the thigh, when the head of the bone will slip into its socket with a slight jerk and an audible snap, and the whole limb will slide easily down into its natural position beside the other."

These manipulations and observations I shall divide into six parts :—

1st. The first consists in the flexion of the leg on the thigh.

2d. Semicircular sweep outward or inward.

3d. Flexion of the thigh upon the pelvis.

4th. Rotation, oscillations, or rocking motion of the limb.

5th. Inquiries as to where the true fulcrum is situated.

6th. To what forms of dislocation is it applicable?

In Division No. 1 according to Smith—

1st. You flex the leg on the thigh to make it a lever to operate with, while Reid does the same thing to relax the muscles of the leg and thigh.

2nd. Smith performs the semicircular sweep outward, while Reid makes it inward over the sound limb.

3d. Both operators freely flex the thigh on the pelvis. Smith performs the outward flexion by abduction, while Reid makes the inward by abduction, and does not abduct at all except slightly after free flexion is effected and the bone dislodged from its abnormal position.

4th. Both agree as to the utility of rotation and rocking of the limb.

5th. The fulcrum, according to Smith's notion, was the abductor muscles while Reid demonstrates the pelvis as the true fulcrum. With regard to power and resistance there can be no difference of opinion.

In Prof. Smith's manipulations—

Error No 1 is the misapprehension as to the true position of the fulcrum. Error No. 2, use of powerful abduction, first and last. Error No. 3, is the true reason for flexing the leg upon the thigh before flexing the thigh on the pelvis.

6th. Reid's method is applicable to all forms of dislocation of the hip-joint, while Smith only claims that his method can be applied to dislocation on *dorsum ilii*.

In reading Smith's memoir on this subject, and noticing the plan of manipulation, and contrasting it with his expressed views of the *modus operandi* of the reduction, we will see that he was entirely mistaken in the position of the true fulcrum, as will be seen by the following quotations; also his continued in junction as to abduction :—

He says, "We use the bone as the lever, on the long arm of which we use our force. The abductor muscles, the fulcrum, and the head of the bone the resistance."

Now, this is inconsistent with his manipulations, which make the pelvis the fulcrum the same as in the Reid method, but the Dr. mistook the true fulcrum and hence the impression that the method was not applicable to all forms of dislocation.

Had Professor Smith studied the *mode* a little more carefully on the *cadaver* he might