

end of a week the pain in the hip was so considerable that she remained at home, but was not confined to her bed. Matters were allowed to progress without professional advice up to the 4th January, seven weeks and four days after the accident, when I was requested to treat her for an attack of rheumatism. I informed her friends of the nature of the injury, and appointed the following day, when, with the assistance of my father, W. H. Wagner, M.D., I purposed attempting reduction of the dislocation.

January 5th.—The patient was thoroughly placed under the influence of chloroform, and the round head of the bone was satisfactorily made out in its abnormal position. As there was great fixity of the limb it was decided to make use of the pulleys. This was done in the usual lateral method. After continuing the extension for some time the ankle of the affected side was grasped and the limb strongly adducted in a plane beneath that of the sound limb. These efforts were continued for some time, but without effect. Fearing that reduction was not likely to take place, this method was relinquished and rotation resorted to. The left hand grasping the limb below the knee and the right the ankle, the leg was carried round in the usual way and rotation inwards practised, but without success. This was repeated several times, but not wishing to excite much inflammatory action we desisted. On examining the limb we found that mobility was greatly increased, eversion somewhat diminished, and with slight force the heels could be brought together. This, I supposed, was due to the rent in the capsule being enlarged; or, that the anterior fasciculus of the Y ligament had been ruptured.

The following day a second attempt was made. On this occasion extension was made from the ankle, while a strong piece of cotton was passed around the upper part of the thigh and over the shoulders of an assistant who made strong lateral traction. Adduction was simultaneously practised, but without effect. After both attempts the little patient suffered considerable pain about the joint, and morphia had to be given to obtain rest. After a consultation with the friends it was decided to make one more trial and to procure further surgical assistance. With this end in view, I telegraphed my friend Dr. G. E. Fenwick, of Montreal, and he came up on the following Thursday, 9th January, when reduction was effected in the following manner: A wet towel was placed on the limb above the knee, to which the pulleys were attached. A sheet was passed between the thighs and fastened over the shoulders on the sound side. A strong jack towel, through which one end of the sheet passed, encircled the limb at its upper extremity. All being now ready, chloroform was given, and when