

the plaster of Paris bandage. The bandage is applied in the usual manner, by beginning over the right iliac crest and passing across the abdomen, down the thigh and across the knee. After taking several long turns I pass the bandage around the leg, around the abdomen, and again longitudinally until I have made a very heavy cast which completely embraces the abdomen, thigh and the knee of the affected leg. Then after the cast is applied I cut off that portion which extends below the knee so that the leg is freely movable, and also a large portion of the cast over the abdomen. There is now left only a narrow strip over the right hip, which serves as a bridge and which, because of its thickness, is quite firm. The genitalia are not included in the cast. Our cast now envelops the thigh, the left side of the abdomen, and extends across to the right as a very narrow bridge.

Now arises the question. How long should the cast be kept in place? I would always advise that the time be rather too long than too short. The bones and soft parts should be given plenty of time to adapt themselves to the changed conditions, so that there will not be a recurrence of the dislocation when the cast is removed. The cast should remain in place for at least six months or even eight. In the meanwhile the child can walk by putting a high shoe on this foot. Walking should be encouraged, for by throwing the weight of the body on the head of the femur, which is now in its right place, the acetabulum will gradually be deepened so that the head of the femur will retain its position after you remove the cast and this extreme abducted position is corrected.

It is often believed that these patients suffer pain, but that is not the case. The pain is caused by the tension of the soft parts, and after you have overcome this tension by stretching or by tearing, then there is no more tension and hence no more pain. So that these children are quite comfortable and can enjoy life just as much now as they could before the operation, in fact more, because they have more freedom of the leg than when it was dislocated.

Now, I want to call your attention very particularly to a condition which I think is, as a rule, under-rated, and which to my mind is a very important factor in pressing the head of the femur into its proper position and keeping it there for the future. This factor which I am alluding to is shrinking of the soft parts whose points of insertion become approximated by extreme abduction. It is evident that this process of shrinking takes up considerable time, in my experience from four to six months. After this shrinkage is once established with the leg in this extreme position, this contraction will exercise sufficient force to hold the bone in its place. The X-ray