

table while the patient is lying evenly upon the back. Then keeping the leg extended at the knee the thigh is completely flexed upon the abdomen and thorax. Next the child is turned upon the face, and, holding the knee flexed, the thigh is strongly extended.

The purpose of these manipulations is to lacerate or lessen other obstructions, muscular and ligamentous which would prevent the drawing of the femoral head down to the plane of the acetabulum. When this can be done the patient is kept upon the back, the leg flexed at the knee, and the thigh flexed to a right angle and abducted, while a fulcrum is placed under the trochanter major, over which the femur is so pressed by the operator that its



The figure shows well the meeting of ischium ilium and pubes at the acetabulum. Position of femoral heads well-seen above and behind. Girl, 2½ years old, now under treatment. The femoral heads are being retained in position by a plaster spica.

shaft becomes the long lever-arm and the head and neck the short arm. Very soon the head is felt and heard slipping over the posterior border of the acetabulum.

The plaster dressing is now applied to hold the femoral head in place while the thigh is kept at right angles in the transverse plane of the body. This position is to be maintained for several months with a view of securing a permanent abiding place for the femoral head. In the meantime the child is encouraged to walk.

As the back thigh muscles are now too short to permit ready extension of the leg at the knee they should receive daily stretching during this period.

Several months must elapse before one can judge of the success of the operation in keeping the femoral head in the acetabulum.