

my right hand over the ankle. The thigh was flexed on the abdomen and rotated slightly outward, then abducted and extended. The head of the femur could be felt to pass to the edge of the acetabulum with the first three motions, but resistance was met when extension was attempted. This was the case in two trials. A third effort, with a little lifting up of the limb just before extension was made, was successful.

CASE II.—A laborer, fifty-four years of age, was hit on the back by an iron girder of the elevated railroad, while he was bending forward to pick up something from the ground. He sustained a dorsal dislocation of the right hip. Six hours later, under ether, the patient being on the floor, reduction was accomplished in one effort by flexing the thigh in the adducted position in which it lay, rotating slightly inward, then abducting as far as the perpendicular, jerking it quickly upward.

CASE III.—A laborer, thirty-six years of age, jammed between the spiles of a pier by a ferry-boat, was brought to the hospital an hour later with a dorsal dislocation of the left femur. Ether was administered at once, the patient lying on the floor and the pelvis being steadied by an assistant, and the head of the bone was replaced in one effort, as in the preceding case.

CASE IV.—A deck-hand, thirty-three years of age, while sitting on the rail of a ferry-boat, was struck on the back by another boat, and his knee jammed against a post or the rail. The right hip suffered a dorsal dislocation. I saw the man four hours after the accident, and asked the house surgeon, Dr. Wilkin, to reduce it by the method which was successful in the two previous cases. His first manipulation succeeded, and reduction was completed in twelve minutes from the time the etherization was begun.

CASE V.—A workman, thirty-one years of age, fell in front of a street-car. His left knee was caught by the platform and he was pushed along in front of the car. The left femur was dislocated on the dorsum of the ilium. After two hours I tried to reduce it, under ether, by the method above mentioned. The head of the femur could be brought to the margin of the acetabulum easily, but resisted every effort to

lift it into place. I then circumducted the limb to lacerate the capsule more, and repeated the manipulation in vain. Both Dr. Wright, the house surgeon, and myself tried flexion, followed by circumduction outward and rotation outward, both with and without the "jerking up." These efforts were made both while the patient was on the floor and when on the operating table. In the latter position the second manœuvre was then practised by Dr. Murray, the junior assistant surgeon. As the head of the bone reached the margin of the acetabulum and resistance to extension was felt, the thigh was rotated alternately inward and outward while being lifted, and it slipped into place. Half an hour was consumed in these attempts.

In one of these five cases of dorsal dislocation, reduction was accomplished by flexion, circumduction outward and rotation outward with a jerk upward. One case, the last mentioned, required the further manipulation of free circumduction (to lacerate opposing capsular or muscular fibres), and a sort of rocking motion of the head on the edge of the acetabulum, which probably enabled it to slip by some portion of the capsule which had not been ruptured. In both cases the lifting up was apparently necessary in order to restore the head of the bone. This method of reduction has been frequently employed. Bigelow, who terms it the "rotation" method, especially insists on the value of this "upward jerk," both in this method and that by simple traction; and all five cases testify to the correctness of his views. In the three cases which were so easily reduced, this "upward jerk" was the prominent feature of the manipulation after flexion had been made. The thigh was flexed as it lay in a position of adduction, and carried as far outward as the perpendicular; then, on lifting it up, the head of the bone glided into place. In a sixth case the head of the bone could be felt lower down on the dorsum (in the sciatic notch).

CASE VI.—A sailor, thirty-four years of age, was jammed between two piles by a ferry-boat, while defecating. He was brought to the hospital immediately. The right limb was shortened one-half inch, the thigh lightly flexed,