

presents a degree of hyper-extension which has otherwise not infrequently resulted during the treatment of hip disease, and which has, in after-life, proved a very disabling condition.

It is well known that one of the most common deformities resulting from hip disease is due to adduction and flexion of the affected limb, and tilting upward of the pelvis on the affected side. This constant tendency toward flexion and adduction is almost universal, and even if these have been prevented during the early stages of treatment, they are apt to occur during the period of convalescence, and it is one of the highly objectionable, and yet preventable conditions, seen so frequently in after years, and then demanding operation as a remedy. Fortunately, these conditions are easily prevented without interfering with the comfort or rapid recovery of the patient. The most simple and yet thoroughly effective plan is to lace a comfortable anklet or gaiter upon the ankle of the affected limb, corresponding quite completely with the upper part of an ordinary shoe. At each side of this a buckle is placed, and a strap passes from one to the other around the rod or bracket at the lower end of the cot. This affords a very constant extension, which is agreeable, and which has not the inconvenient conditions attached which are found with a cord and weight passed over a pulley attached to the bed. Here the attachment is entirely to the cot, which is so easily picked up and carried away without disturbing the patient. Counter-extension is made by rolling a bandage around a comfortably-made pad, and placing this pad in the perineum, upon the side of the sound limb, and carrying the bandage up and fastening it to the bracket at the upper end of the cot. This method of procuring extension and counter-extension is never found uncomfortable if it be intelligently employed. The trouble and discomfort of various forms of sticking-plaster applied to the limb may be entirely avoided. Its effectiveness is seen in the fact that the deformity of flexion and adduction in any stage of the disease short of convalescence is readily corrected. Any ill-effect upon the knee from failing to pull directly upon the femur has not been observed. Injurious effects at the knee result, not from pulling at the ankle, and failing to make direct traction upon the femur, but from having the knee unsupported, so that it falls too far backward, and brings about a very disabling condition of hyper-extension.

Sometimes after recovery from the disease it is seen that the limb has rotated unduly, either internally or externally. This may be prevented by employing a protecting cage under the bed-covering to prevent the weight of the sheets from pressing upon the toes, causing needless inversion or eversion. Sand-bags may also be employed at the sides of the leg and foot to aid in greatly overcoming any undue rotation.