

the head and the acetabulum is such as to present a serious obstacle to the direct return of the latter to its natural location in the former. The head of the femur is generally found on the dorsum of the ilium, but may lie above the acetabulum or even in the position of an anterior dislocation.

*Signs and Symptoms.*—If both hips are affected and the femoral heads directed backward, there will be very marked lordosis, and the patient will walk with a waddling gait, the body sinking downward in its relation to each extremity alternately as the weight passes from one to the other. The trochanters may be seen and felt prominent under the gluteal muscles.

If the defect exists in only one hip there will be a limp, the body dropping in its relation to the limb; the limb on that side will seem to be shorter than its fellow, and in reality it will generally be found to be somewhat smaller and shorter.

When the patient is recumbent and the pelvis is held steady the leg may be drawn downward and shoved upward again in its relation to the pelvis often through the space of one or two inches. Observation will discover the trochanters much higher up than normal, they may be even above the line, passing horizontally from one anterior spine to the other, around the pelvis.

Pain is seldom complained of, and only after much exertion or when, later in life, the weight of the body is greatly increased.

The defect generally passes unrecognized until, in the second year of life, the child tries to walk, when it may be observed that he falls more easily, learns more slowly, and is lame or has a waddling gait. In very many cases, even when these signs are observed and noted, their significance and cause are not known, and the orthopedic surgeon sees many cases who have grown up to the years of maturity without a diagnosis having been made, and the foregoing peculiarities explained.

*Treatment.*—In 1890 the open operation was performed for the first time. After Hoffa, Lorenz, and others had operated upon several hundred cases with results that were not encouraging, and after learning through their operative work the exact pathological anatomy, attention was drawn, chiefly by Lorenz, to the fact that better results could be achieved by manipulation, avoiding entirely the use of the knife—the so-called “bloodless method.” This method is not often practicable in patients who have passed their seventh year, but has occasionally succeeded in older persons.

*The Bloodless Method.*—The patient, anesthetised, is placed upon the back, and while an assistant holds the pelvis steady the operator flexes the thigh to a right angle, and then abducts strongly, pressing and rubbing with the ulnar border of the hand upon the abductor muscles near their origin, until they have been so thoroughly torn as to permit the thigh to be brought to the