ART. IX.—Two New Methods of Reduction in Dislocations of the Femur. By J. E. Kelly, F.R.C.S.I., M.R.I.A.; Surgeon to Jervis-street Hospital; Lecturer on Surgery, Ledwich School of Medicine, Dublin, &c.

In the preceding number of this Journal I suggested an original method of reducing luxations of the humerus, and I now propose to introduce to the notice of the profession two new methods of dealing with dislocations of the femur, which, for convenience of description, I shall divide into anterior and posterior.

The following were the circumstances under which I had the good fortune to devise my method of treating posterior dislocations:—Several years ago a patient, aged about forty or fifty, suffering from a dislocation on the dorsum ili, was admitted, during the service of one of my colleagues, into Jervis-street Hospital. He was a remarkable man, having gained by his prowess the title of “King of the Quay Porters,” a body distinguished for their strength and endurance. My colleague, a gentleman of the highest attainments, on three occasions consulted with the staff of the hospital, and with other eminent surgeons, including the late Mr. Adams. Guided by his personal knowledge and the suggestions of his friends, he caused special apparatus to be constructed, from which he expected increased facilities, and ineffectually tried every recognised method of reduction. At the last consultation I obtained permission to test an expedient which
had occurred to me. I fixed the patient's pelvis firmly to the floor, and standing over the limb, I flexed it, and placed his foot between my thighs; then passing my forearms under his knee, I made vigorous traction upwards, when, to our great relief, I effected the reduction.

Fig. 1.

By this favourable result and a successful experience of more than six other cases, in some of which many methods were tried, I have been enabled to develop the details of the procedure which I shall now describe. Three strong "screw hooks" are inserted into the floor close to the perineum and each ilium of the patient, and to those hooks he is secured by a strong bandage or rope. The injured thigh is flexed at right angles to the patient's body; the foot and lower extremity of the tibia are placed against the perineum of the surgeon, who, bending forward with his knees slightly flexed, passes his forearms behind the patient's knee, and grasps his own elbows. He is now in the best position (Fig. 1) to accomplish the reduction. With this object he exerts his strength to draw the femur upwards, which action is generally sufficient to effect it; but, when necessary, circumduction may be combined with extension, as the surgeon, while maintaining traction, sways his body towards the patient's uninjured side, then towards his