SURGERY.

UNDER THE CHARGE OF

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Spontaneous Cure of Congenital Luxation of the Hip of One Side in Certain Cases of Double Congenital Luxation.—FROELICH (*Revue d'Orthopedie*, January, 1906) says that it not infrequently happens that during the progress of a congenital luxation of one hip the opposite side is found to be equally dislocated. Froelich has found it present when the skiagraphic diagnosis showed the joint to be normal. It is well known that the luxation very often does not exist at birth, but is produced when the child begins to walk, in consequence of defective relations between the femoral head and the articular cavity. These relations may be sufficiently good to permit no defective position of the limb menaced by the luxation. It is when the reduced and evidently affected limb is placed in the abducted position that the displacement occurs on the opposite side, which then seeks an adducted position to preserve the parallelism of the two limbs. Adduction causes the head of the femur on the apparently sound side to rise up over the posterior border of the acetabulum. Not all so-called congenital luxations deserve that name, in the sense that an anatomical predisposition prepares the way for the dislocation. Froelich has seen it occur in the course of subacute arthritis of the hip, due to an attenuated gonococcic infection, or an osteomyelitis.

He reports two cases of congenital luxation in which there was a spontaneous cure on one side. In both, one of the hip-joints is sound as proved by the *x*-rays and examinations. The gait of both is that of a unilateral luxation. One patient was five years, the other seven years old. Skiagrams taken when each was two years old clearly showed double luxations. The parents of one could determine a difference between the original waddling of the child and the unilateral halting which developed later. The presence of a double luxation in an older sister facilitated the comparison. The explanation of the cure is found in the positions assumed by the two limbs during the progress of the cure. In both the luxated side was in adduction. During walking the opposite side must assume the position of abduction to preserve the parallelism of the limbs. As already stated, adduction favors the passing of the femoral head over the posterior border of the acetabulum into a dislocated position, while the forced abducted position of the other side favors the gradual entrance of the head into the cavity. In other words nature does what the surgeon does in his efforts to cure a congenital luxation, when he puts the thigh in forced abduction.