AN INQUIRY INTO THE DIFFICULTIES ENCOUNTERED IN THE REDUCTION OF DISLOCATIONS OF THE HIP

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An Inquiry into the Difficulties Encountered in the Reduction of Dislocations of the Hip by Oscar H. Allis

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Trieste

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INTO THE

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REDUCTION OF DISLOCATIONS OF THE HIP.

BY

OSCAR H. ALLIS, M.D.,

FELLOW OF THE COLLEGE OF PHYSICIANS AND OF THE ACADEMY OF SURGERY, PHILADELPHIA; FELLOW OF THE ACADEMY OF SURGERY, ALTOONA; HONORARY MEMBER OF THE PATHOLOGICAL SOCIETY OF HARRISBURG; MEMBER OF THE AMERICAN SURGICAL ASSOCIATION AND OF THE AMERICAN MEDICAL ASSOCIATION; SURGEON TO THE PRESBYTERIAN HOSPITAL.

THE SAMUEL D. GROSS PRIZE ESSAY.

PHILADELPHIA:
1896.

M101
A438
1896

THIS LITTLE VOLUME IS DEDICATED

TO

DR. W. C. B. FIFIELD

OF DORCHESTER MASSACHUSETTS

WHOSE CORDIAL, EARNEST EXPRESSIONS OF APPRECIATION

AND APPROVAL FOR MANY YEARS HAVE BEEN A

SOURCE OF GRATEFUL ENCOURAGEMENT

TO THE

AUTHOR IN HIS WORK

8277

1429 Walnut Street,
Philadelphia, February 5, 1895.

Oscar H. Allis, M.D.

My dear Doctor: As Chairman of the Trustees of the S. D. Gross Fund and Library of the Philadelphia Academy of Surgery, I have the pleasure to inform you that the prize of one thousand dollars has been awarded you for the best original essay among those entered for competition January 1, 1895.

Permit me to offer my congratulations upon the success you have achieved, and believe me

Very truly yours,
J. Ewing Mears,
Chairman.

J. Ewing Mears,
W. W. Keen,
John Ashhurst, Jr.,
Trustees of Gross Fund and Library.

The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages octavo in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the successful competitor shall publish his essay in book-form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery.

REMINISCENCES.

In one of my visits to the Presbyterian Hospital in July, 1873, I found a man suffering from a recent dorsal dislocation of the femur. He had walked in his sleep from a second-story window, and in his descent had struck a clothes-line, which changed the direction and possibly modified the severity of the fall. In the erect posture the deformity was pronounced and typical; the right knee bent strongly inward toward its fellow, the foot turned inward, and the great toe could with difficulty be made to touch the floor. After full anæsthesia the patient was placed upon the floor, and various ineffectual efforts were made to reduce the dislocation. Reduction was finally accomplished by traction upward.

This was the first dislocation that I had ever seen, and, instead of being elated at my success, I was rather deeply mortified to think that success had crowned efforts put forth with no clear understanding of the nature of the accident or of the proper steps to repair it. I accordingly determined to lose no time in familiarizing myself with this subject, and, procuring Bigelow on *The Hip*, I took it with me to the dissecting-room, and there wrought out, over and over again, the problems of that justly celebrated monograph. Having satisfied myself, and thinking that I would profit by a demonstration, I invited the members of my quiz class to the dissecting-room, and readily convinced them, as I myself was fully convinced, that a knowledge of the Y-ligament was *all that was necessary to enable one to diagnosticate or restore any form of dislocation at the hip-joint.* My class was so well pleased with the

demonstration that I was induced to repeat my work with another class a year later.

Although this was more than twenty years ago, I recall the pleasure and satisfaction the work afforded me as vividly as if it were but yesterday. I speak of the pleasure, for it was an entirely new field to me; of the satisfaction, because, whatever I might lack in other departments of surgery, of this I was confident, that Bigelow knew all about the hip . . . . and that I knew as much as Bigelow.

Six years passed by before I had an opportunity of putting my new attainment to a test; with what result will be seen in the history of the following case:

SIMULTANEOUS DISLOCATION OF BOTH HIPS. Peter J., colored, aged forty-two years. While removing ballast from the hold of a ship a mass of earth and stone fell upon him, partly burying him. He was removed in a condition of extreme shock, and was taken home. After a few weeks he was able to crawl out of bed, and later on was taken from one hospital to another, but, as he would not consent to what was deemed best, he was always refused admission. Finally, eighty-one days after the accident, he appeared at the Howard Hospital, at the clinic of Dr. Livingston, who detected a dislocation of the hip, and referred him to Dr. Willard, then in charge of the surgical clinic. On the following Saturday I met my colleague, Dr. Willard, who etherized the patient, and in a few seconds reduced by manipulation a typical dorsal dislocation of the left femur. The head went into the socket with the sound so characteristic of successful reductions, and with the immediate restoration of normal appearance. But when, to satisfy ourselves fully of the symmetry of the limbs, we compared them, the restored (left) limb was found markedly shorter than its fellow. This discrepancy threw grave doubt upon the success of the reduction; and the doubt was increased when a distinguished surgeon, standing by, pointed out a fulness in the thyroid region of the right limb that was absent in the one we supposed had just been successfully treated. To remove all doubt, Dr. Willard

redislocated the femur, and by manipulation, as in the first instance, restored the head with the audible thud so clear and the disappearance of deformity so sudden and complete as to dispel every misgiving as to the success of the manipulation. Then for the first time there flashed across our minds a full appreciation of the situation. Both femurs had been simultaneously dislocated. Dr. Willard had restored the left femur, the right still lay in the thyroid depression, thus enabling us to account for the fulness already alluded to, and the apparent lengthening.

This being decided upon, Dr. Willard attempted reduction of the right luxation, but failed, and sent the patient to the Presbyterian Hospital, as there were no beds at the Howard Hospital at the time. The patient then came under my care, and on the following Monday I was met by Dr. Willard, and my colleagues, Dr. Porter and Dr. Reed, and an earnest but fruitless attempt was made at reduction. A few days later Dr. Porter and Dr. Hodge assisted me in a second attempt. Manipulation, leverage, pulleys, and horizontal, oblique, and vertical traction were employed, but to no purpose. The head moved freely in all directions; it passed from the thyroid region backward to the dorsal, and from the dorsal again to the thyroid, and could be made to approach the rim of the socket, but could not be made to pass over it.

Had there been in this case only an irreducible thyroid dislocation, I would have felt no special disappointment at not being able to reduce it, since the time-honored apologies for failure would have abundantly satisfied me. The time during which the dislocation had persisted was now eleven weeks, and this, I would have argued, was ample for the filling up of the socket and for the capsule to close in around it. But no such argument could be urged in view of the fact that the socket on the left side had not filled up, and that the capsule there presented no greater obstacle to reduction than is found in recent dislocations. The left hip had entered with an audible thud, and this was good evidence that the socket was empty and covered with glis-

tening, unaltered cartilage. The left femur had been easily and instantly restored by manipulation in skilful hands, the right resisted the skill, not only of Dr. Willard, but also that of the entire surgical staff of the Presbyterian Hospital, even when that skill was supplemented by the most approved surgical appliances.

This experience led me to suspect that I had overlooked some important principle in my dissections and experimental work, though not doubting for a moment the infallibility of Bigelow's principles of reduction: I therefore again repaired to the dissecting-room, where I carefully and deliberately reviewed the teachings of this author. This work inspired in me new confidence, though it developed no new principle.

Again I became impatient to test the system, confident now that future triumphs would amply atone for my first somewhat mortifying failure. How much of a triumph my next case proved will appear in the following history:

RECENT DORSAL DISLOCATION OF THE LEFT HIP. Mr. F., a middle-aged man, had his left leg caught in the wheel of a wagon drawn by oxen. He was riding between the wheels and the oxen were walking. The accident occurred March 27, 1884. Dr. P. R. Koons saw the man about two hours after the accident. There was an apparent shortening of from two and a half to three inches. The head of the femur was in the position of high dorsal displacement; the knee was rotated strongly inward with marked adduction. Several efforts at reduction was made by Dr. Koons, with and without ether, and at each attempt the deformity disappeared to a very great degree. There remained, however, after each attempt a considerable degree of flexion of the thigh upon the pelvis. Dr. Koons accordingly brought his patient to the Jefferson Medical College Hospital on March 30th, and through the courtesy of my colleague, Dr. W. Joseph Hearn, the man was placed in my charge.

Upon examination I found no marked deformity. The thigh was slightly flexed upon the pelvis, and the knee, a little flexed, rose