

Success Attends Prof. Lorenz.

Two Patients Benefitted in Highest Degree by the Great Austrian Surgeon, Who is Enthusiastically Applauded By Local Physicians, Nurses and Newspapermen—Demonstrations Apparently All That Could be Desired.

"We can do all that now, after seeing him do it," remarked a member of the Salt Lake Medical Society yesterday afternoon, as Prof. Lorenz finished his first operation at the Holy Cross Hospital; and the remainder of the medical fraternity present seemed to be of a similar opinion. In fact the aggregation of medical talent present looked and acted as though they had seen a great light—a great surgical light.

It was an hour after "the advertised time" that the renowned Austrian surgeon and his talented assistant, Dr. Fritz Mueller, began their demonstration. His trunks containing the apparatus, such as the weights and pulleys, used in his clinics could not be located at the depot; they had evidently been sent on a train later than the one the professor arrived on. So finally the surgeons decided to do as well as they could without the apparatus. There were over 20 members of the medical profession "in good standing" present, including the best known doctors in town, also Dr. Woodruff of Rock Springs, and the two surgeons from Fort Douglas; also eight nurses and ten of the sisters with representatives of the "News" and the two morning papers.

In addition there were the parents of a number of children in need of skilled surgical attention because of hip, spine and knee difficulties. One patient was Edwin Winslow Walker, aged 3 years, son of Postmaster Walker of Riverton, and brought up by his physician, Dr. Robertson, who was sharp enough to get his patient in the hands of the great surgeon. The other patient was Muriel Rausch, the 4-year daughter of Jacob Rausch of 637 West South Temple street. The visiting surgeons, while not having time to operate on the other cases, managed to give private examination to these, several of which were not hip troubles, and this advice was listened to profitably by both parents and attending family physicians.

THE OTHER PATIENTS.
Among these other cases were Annie William Hillon; George Bain, 13, 1904 Fourth street; Gladys Arrowsmith, 24 years, Lewisville, Ida.; Carl Ford, 13, 14 West Twenty-eighth street, Ogden; Aton Love, 6 years, daughter of S. H. Love. The Arrowsmiths had come down from the north hoping to have the child operated on, but were disappointed; there was not time.

Prof. Lorenz, after examining little Aton Love, said she required preliminary treatment before any operation, and this he had not time to give. So her case had to be passed by with advice to the parents and family physician as to future medical treatment.

HOLDING OF THE CLINIC.
The clinic was held in the north operating room of the hospital. The operating table was placed in the center with the usual stands close by with the necessary paraphernalia, including trays of plaster of Paris bandages ready for immediate use. It being the "bloodless operation," no instruments were present.

THE FIRST CASE.
Prof. Lorenz and Mueller were escorted into the room by Dr. Baldwin, who introduced them, as the entire audience respectfully arose and then applauded. The visitors bowed, and Prof. Lorenz in acknowledging the welcome stated that he was not well

acquainted with English, so that allowances must be made. Then active work was in order. The Walker child was taken without an intelligent purpose, but owing to the influence of chloroform by Dr. Whitney, who administered the anesthetic in each case. To the untainted, the great practitioner seemed to handle that child as one handles the wing of a chicken which he is trying to segregate from the body of the fowl, yet not a turn or a twist was taken without an intelligent purpose. It was a case of double hip dislocation—that is to say, both hips were out of place about 2 1/2 inches.

HAD BEEN ABLE TO WALK.
The child had been able to walk after a fashion, waddle around and get over the ground in pretty fair shape, but in an ungainly way, and the older he grew the worse he became. Prof. Lorenz explained that this was a very rare case. In nine cases out of ten, congenital hip dislocations were to be found in girls, not boys. But here was a boy, and with both hips out of place. The surgeon then worked one leg rapidly back and forth, up and down, both at the hip and knee, overstretching the posterior muscles of the hip and leg. Then he surgeon overstretched the muscles from side to side, until all the muscles and ligaments were pliable and loose, explaining meantime the meaning of his motions, also that in male children, but one case in 30 was double, while in female children one case in 10 is double dislocation. This is due to the greater width of the pelvis in females.

INTO THE EMPTY SOCKET.
Then the surgeon worked the leg like a pump handle, and by using the leverage of a wedged-shaped block under the hips, he suddenly pressed the hip joint into the hitherto empty socket. This was attended by a muffled click that could be heard all over the room; every one present knew what it meant, and the click was followed by well deserved applause. Prof. Lorenz and his assistant smiled with satisfaction. The performance occupied about five minutes, but could have been performed in half that time, had the operators not stopped at every few breaths to explain the demonstrations. The little patient was very uneasy, and an occasional wail came from under the chloroform cloth held by Dr. Whitney over her face.

THE OTHER SOCKET FOUND.
Then, the second leg was manipulated as the first, a point being made to show the uneven length of the two legs while one hip was in place and the other out, and then the result in length when both hips were in their appropriate sockets. The second operation consumed a trifle less time than the first, and again the applause broke out as the second femur head shot into the socket nature had originally intended for it. The surgeon explained that the great trouble with these operations was the inflexibility of the abductor muscles located on the inner side of the thigh.

AFTER THE OPERATION.
Then came the more tedious, but not a whit less interesting part of the operation, viz., the plaster of Paris packing, the demonstrators stopping every few

minutes to make explanations. The child's legs were placed at right angles to the body, with the heads of the femurs firm in place, and the little legs were made solid in this position with the prepared plaster bandages. The entire operation lasted 35 minutes.

The second case was of shorter duration and easier handled. The dislocation in this case was not much over an inch, and little Muriel Rausch with her flaxen hair and rosy cheeks was laid on the operating table. The child's deformity did not at the time seriously impede her movements, but it would have increased as time went on, and finally disabled her entirely, particularly when she became a woman of any weight. The trouble was with the left hip, and the great operator, bent, kneeled, rolled, twisted, doubled up and in one or two minutes he surprised and delighted his class by snapping the head of the femur into the acetabulum, or socket. Applause followed as a matter of course.

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The visiting surgeons were handsomely entertained at dinner later at the Commercial club by Dr. Baldwin and at 9 o'clock there was a well attended and enthusiastic reception in the spacious and handsome parlors of the club in witness of the leading physicians and other citizens of the city were in attendance, and the occasion passed very pleasantly.

CONGENITAL TROUBLE.
It is described by Doctor Mayo from Technical Standpoint.

Following is a brief monograph by Dr. Mayo from a technical standpoint: A congenital hip dislocation is, as its name implies, one in which the hip was dislocated prior to the birth of the child. It is of very infrequent occurrence, and is more common in the female than in the male, the proportion being 10 to 1.

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In this clinical illustration he showed his audience how it left without being held in the plaster cast, the reset joint would become speedily unjointed again, and two or three times he allowed the head of the thigh bone to resume its former position by leaving the leg in a vertical position. The little patient moaned a good deal, and her mother set in a corner of the room. The plaster cast was placed on the child who was able to get around on one leg, with the other hung in the air for six months and the joint rose for some time.

"BLOODLESS OPERATION."
In response to questions, Prof. Lorenz said that the bloodless operation might be performed on a child as old as nine years, but he preferred to operate on children not over five. He advocated gentle massage after the removal of the plaster bandage. Trouble with severed tissues and blood poisoning are all avoided by the bloodless treatment.

ONE HOPELESS CASE.
It was growing late, and the surgeons were in a hurry to go away. However, Prof. Lorenz made several private examinations, one of them being a girl about 23 who had a parastical affection of the legs. After studying her case a few moments, the surgeon sadly shook his head as he slowly said: "I am sorry, but there is no help for her. Nothing can be done; poor girl." Then he showed the sincerity of his statement by taking the girl in his arms, patting her on the head, and repeating, "poor thing, poor thing." The great surgeon is both a giant in physique and of most tender manner, and everything about him suggests tenderness, sympathy, compassion and uncommon skill in his profession. His appearance at the hospital made a deep impression upon his audience.

COMMERCIAL CLUB DINNER.
The visiting surgeons were handsomely entertained at dinner later at the Commercial club by Dr. Baldwin and at 9 o'clock there was a well attended and enthusiastic reception in the spacious and handsome parlors of the club in witness of the leading physicians and other citizens of the city were in attendance, and the occasion passed very pleasantly.

CONGENITAL TROUBLE.
It is described by Doctor Mayo from Technical Standpoint.

Following is a brief monograph by Dr. Mayo from a technical standpoint: A congenital hip dislocation is, as its name implies, one in which the hip was dislocated prior to the birth of the child. It is of very infrequent occurrence, and is more common in the female than in the male, the proportion being 10 to 1.

The method of reduction used by Dr. Lorenz is bloodless, and appeals strongly to the surgeon and the patient's parents, and depends for success upon a thorough knowledge of the anatomy of the hip and the skillful manipulation of the operator. The most favorable

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