## **Editorial**

Congenital dislocation of the hip (CDH) has attracted considerable interest in Scandinavia ever since Palmén (in 1953) and von Rosen (in 1956) published their pioneer articles on its neonatal diagnosis and treatment. Sweden still leads the world in early detection of CDH, and within Sweden Malmö continues to be more successful than other regions.

It is quite clear that early diagnosis of CDH calls for tight organization of diagnostic teams, and that different therapeutic methods are not equally effective. Continued progress in the prevention of the classic late sequelae of congenital dislocation of the hip will require wide acceptance of a common terminology and sustained reporting of epidemiologic data. Dr. Palmén has fulfilled this important mission by annually reporting the Swedish incidence of late cases; he has done this for decades, even since his retirement from active duty. Acta Orthopaedica Scandinavica is honoured that Dr. Palmén has chosen to publish as Supplementum 208 his personal interpretation of the Swedish efforts to prevent congenital dislocation of the hip.

The April and June issues of Acta Orthopaedica Scandinavica contain three articles from Finland on the diagnosis and treatment of CDH, and a review from the Netherlands on the functional treatment of the condition has been published as Supplement 206.

In view of the partly conflicting opinions on terminology, diagnostic criteria and therapeutic methods expressed in the world literature on CDH, the Editorial Board has invited the followers of Dr. von Rosen in Malmö to write a Guest Editorial; it is to be hoped that the continued success in Malmö will have important implications elsewhere.

The second Guest Editorial in this issue is also concerned with an important condition which confronts individual orthopaedic surgeons with difficult decisions as regards prevention, diagnosis and treatment: post-traumatic thromboembolism. The following article by Swierska et al. documents the lack of consensus in this area.