

inserted into the back part of the upper edge of the great trochanter. The action of this muscle must be to pull the trochanter backwards, and raise it nearer to the ischiatic notch, consequently to rotate the thigh-bone outwards; it has an action similar to other small muscles which arise in this region, save that from its origin, being placed on a plane superior to its insertion, it seems to assist the glutei muscles, and is then partially an extensor and abductor of the limb. The great nerves and blood-vessels of this region are in connection with this muscle: some come out of the pelvis above it; others below—facts that should point out to us how liable they must be to participate in the injuries and diseases of the hip-joint. In fracture of the neck of the thigh-bone this muscle will tend to raise the shaft of the bone, and with its fellows be a powerful means of turning the toe outwards. We can easily understand, however, that when the trochanter-major is implicated in the injury, its insertion may be altogether detached from the shaft of the bone, when, as a matter of course, its influence must cease. This may account, in some degree, for the great disputes which Surgeons have long carried on with unseemly violence, as to whether inversion or eversion was a diagnostic mark of fracture of the neck of the thigh-bone. In dislocation of the head of the bone upon the dorsum of the ilium, the trochanter-major is advanced forward, as well as raised above its natural plane; so that we find the muscle upon the stretch, and as a consequence, with its fellows, it assists powerfully to bend down the bone upon the pelvis with a spasmodic action that defies our effort to evert the foot. When the dislocation is in the sacro-sciatic notch, the trochanter is neither so elevated or so much advanced: hence the tension of these muscles is not so great. When the head of the bone is placed in the thyrioid hole, it is advanced forwards, the thigh is rotated outwards,—the plane of the trochanter is considerably depressed, but approaches towards the acetabulum,—in consequence of the change of position, the bone is here firmly held by the spasmodic action of the muscles, but not with that perfect immovability which is evinced when it lies upon the dorsum of the ilium. Should the bone rest upon the crest of the pubis, the action of this muscle and its congeners would still be of a similar character; but from the elevated plane of the trochanter, the pyriformis muscles would not be so powerfully excited into action as in its former situation.

The superior and inferior gemelli, although they have been classed by Anatomists as distinct muscles, are scarcely more than accessory fasciculi to the obturator internus muscle. The upper one of these arises from the spine of the ischium; and the lower from the tuberosity of the bone. They are placed one on either side of the tendon of the obturator internus muscle, and form a grove for its reception, and as it advances completely envelop it,