

this impossible, and may observe the head of the bone and trochanter major stationary, and resting upon the pelvis, while the head of the bone may be observed removed backwards out of its true position. Should we measure the limbs, having duly marked the line of the anterior superior processes of the ilium, we measure from this point to the inferior margin of the patella, then we shall find the dislocated thigh considerably shortened, often by several inches, and this shortening we are unable to diminish by any ordinary traction of the limb.

Having by these means ascertained the nature of the accident, that it is truly a dislocation of the thigh bone, upwards and backward, we set ourselves to consider the cause that placed the bone in this position, and the course which the head of the bone took to arrive at it. When we have reflected upon this point, we shall clearly perceive that the route which the head of the bone took to arrive at its present location must be exactly reversed to enable it to return into the cotyloid cavity. When we undertake truly to reverse this course, it will be found that it relaxes all those muscles which now serve to render the bone immovable in its new position. The posture of the limb forcibly adducted, rotated inwards, and flexed upon the pelvis, was the position it assumed at the moment the head of the bone started from its cotyloid cavity; this position continued the same after the capsular and triangular ligaments were lacerated, and while the head of the bone was driven upwards upon the dorsum of the ilium. It was not until an attempt was made to straiten the limb, that the powerful action of the muscles came into play, fixed the bone and rendered it immovable. To reduce this dislocation, then, we return the limb to this same position, flex it powerfully upon the body and adduct it at the same time; now we have relaxed the pyriformis, the gemelli, the obturator internus, and quadratus muscles. By sweeping the trochanter major round towards the back of the pelvis, we have freed the joint from the constricting power of these muscles; and by rotation of the foot outwards, we shall have relieved the obturator externus: now traction forward, assisted with continued rotation of the foot outwards, will bring the head of the bone opposite to the cotyloid cavity—when abduction of the limb, assisted by the action of the muscles, will replace the bone in the socket.

Should any difficulty be experienced in the traction of the bone forwards, or should the spasmodic influence of the muscles still bind down the bone, so as to prevent its forward movement; the long lever, the thigh bone, may be