

the flexed thigh, the bone may be located in the thyroid hole; it may be placed in any position in which the action of the muscles shall be favoured by the position of the bone at the moment of separation; this may perhaps account for the striking varieties we find in the deformities dependent upon this disease.

This separation of the diseased surfaces of the joint, would appear to be a provision of nature, towards the cure of this complaint; the diseased structures now comparatively cease to be a source of mutual irritation, and the patient often dates the favourable changes in the diseased action, from this period of time. As soon as the dislocation of the thigh bone upon the dorsum of the Ilium has been produced, considerable shortening of the limb is the result, the knee is bent and the foot rotated inwards; that the amount of this inversion (which varies with the circumstances of each case) will depend upon the length of the neck of the thigh bone that remains attached to the shaft; if this be considerable the action of the rotator muscles of the hip arising from the pelvis, and inserted into the trochanter major, will bind the shaft firmly to the pelvis, while the extended neck preventing the rotatory action of these muscles, will be found to preserve the limb in the one position; but should the neck have been wholly removed by the diseased action, the rotatory movement of the shaft will be permitted; and we may even find a complete eversion of the foot, should the bone when removed from the cotyloid cavity, have been placed in the thyroid hole, the limb will be somewhat lengthened, the thigh abducted and the toe turned outwards—As the patient gains his strength and assumes the erect posture, the change in the position of femur will cause an alteration in the line of the pelvis, and as a necessary consequence of this condition, a sigmoid flexure of the spine is the result—according to the amount of the inclination of the pelvis from its normal position, will be the amount of this curvature of the spine. In dislocation upwards the pelvis is inclined to the diseased side, to enable the shortened limb to rest upon the ground, the vertical condition of the vertebral column is deranged, and flexion in an opposite direction is the necessary result; no sooner has this been accomplished than the body is thrown too far on the opposite side, and to gain the true perpendicular, so that the head may rest perfectly on the top of the column, and be truly balanced in the centre of gravity, that another curve is necessary, but this is scarcely more than half the dimensions of the former—hence the characteristic sigmoid flexure of the spine. This condition has equally an effect, if the limb is lengthened by being placed in the thyroid hole, but exactly in the reversed direction.

I have already pointed out, that the formation of matter in