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ART. LIII.—*The Hip-joint: Considerations on its injuries and diseases, deduced from the anatomy.* By S. J. STRATFORD, M. R.C.S. England, Toronto. *Continued from No. 8.*

DISLOCATION OF THE FEMUR UPON THE DORSUM OF THE ILIUM.

Continued.

In our last communication we entered fully into the consideration of the action of the several muscles which operate upon the thigh-bone; we especially indicated their position and influence, when dislocation upon the dorsum of the ilium had taken place—and if we shall have duly appreciated their condition, we shall be able to deduce from them the symptoms which indicate the nature of this accident, and serve to distinguish it from every other affection to which this joint is liable.

In the first place, the limb is shortened—the position of the head of the bone is placed in a line considerably superior to the cotyloid cavity, in some instances, several inches above it; secondly, the toe is turned inwards by the head and neck of the femur, being bound down upon the dorsum of the ilium—thirdly, the limb is flexed upon the body, and kept in an advanced position by the action of the psoas magnus and iliacus internus muscles. Its fixed immobility in this position serves to distinguish it from fracture of the neck of the thigh bone. If we turn the patient on his belly, and examine the region of the articulation, we find a great deficiency in the prominence of the hip, which does not correspond with the opposite side. Should we extend the knee, place the hand upon the hip-joint, and use the foot as a lever, then try to rotate the joint, we shall find