CONGENITAL DISLOCATION OF THE HEAD OF THE FEMUR. 369

exposed to view than usual; this muscle passes upwards to the great trochanter close to the old capsule, which is seen lying between it and the gluteus minimus; the obturator externus is much longer than normal, and is quite a strong muscle, the tissue of which is healthy and without any trace of fatty degeneration. The gluteus minimus is shortened, and nearly all composed of fibrous tissue, it is pushed upwards by the ascent of the great trochanter, and has a smaller origin than usual, owing to the space on the dorsum of the ilium between the middle and inferior curved lines being partly occupied by the new socket for the head of the femur. This muscle covers the head of the femur, and is so closely united to the new capsule that it can only in places be separated from it.

The adductors and gracilis muscles are shortened and tense, and have participated but slightly in the general degeneration; the pectineus is smaller than usual, its outer portion being fibrous; it is attached as usual to the shaft of the femur. The iliacus internus muscle has nearly all atrophied away, and now consists of a very thin flat layer of muscular fibres, streaked with fat, which become united to the tendon of the psoas magnus, an inch above Poupart's ligament, so that none of its muscular fibres are seen below this ligament; above and below this muscle in the iliac fossa is a large deposit of fat. The psoas magnus has the usual origin, but consists almost entirely of fatty tissue, streaked here and there with muscular fibres, it ends in a flat tendon a little higher up than usual, and after being joined by the wasted iliacus muscle passes as a narrow, thin, ribbon-like tendon in the groove below the anterior inferior spine of the ilium under Poupart's ligament, in a direction outwards and upwards, and becomes blended with the anterior part of the old capsule.

Ligamentous Structures.—Two capsular ligaments are seen, the old and the new. The old capsule is still attached to the margin of the acetabulum, and is much thickened; the iliofemoral ligament is well marked, being strengthened by the blending with it of the tendon of the psoas and iliacus muscles. The capsule is stretched upwards and outwards, following, of course, the ascent of the head of the femur; in its upper and posterior part is seen the head of the femur protruding through

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