

femur upon the dorsum ilii, is the appearance, as soon as the patient is placed horizontally on the back, of most of the symptoms observable to the eye, when he is standing in the erect posture. The superincumbent weight of the trunk is then removed, and the muscles around the articulation now permit the great trochanters to descend to a nearly natural position; and as the small trochanters also approach their normal situation, the *psoæ* and internal iliac muscles become relaxed, and thus the curvature of the loins, and the corresponding convexity of the abdomen anteriorly, is diminished or effaced." (p. 96.)

Another curious feature is, that when the patient is in the recumbent posture, we can draw the legs downwards so as to bring the head of the bone into the acetabulum; it descends, and the great trochanters become more separated from the crest of the ilium, and the projection they previously formed is found to have diminished; while on the contrary, if force in an opposite direction is applied, that is, from below upwards, the head of the femur does not meet with resistance at the natural locality of the acetabulum, but mounts with facility to its abnormal position upon the dorsum ilii. When the head of the bone is absent, this fact may be detected by our failing to feel it rotating when the fingers are pressed deep into the groin, as in ordinary cases when we rotate the femur. Where the disease is well marked, the patient walks with a peculiar hobbling gait. The patient when about to walk, is seen to elevate himself upon the point of one foot, and to lift the other with great effort, so as to advance it, and simultaneously the trochanter is found to be brought much closer to the crest of the ilium, than when the patient was standing—there results, from these combined

movements, very awkward oscillations of the trunk. It is a curious fact, that in the acts of running, jumping and dancing! these ungraceful movements are much less noticeable. The movements of extension, adduction are easily performed, abduction imperfectly, but flexion can be carried to such an extent as to allow of the limb touching the shoulder in some instances. All these movements, be it observed, are not productive of the least pain—a striking difference here exists between congenital and accidental dislocation. The extent of these movements is sometimes limited by the formation of osseous matter around the joint.

When the disease is confined to one joint the symptoms are nearly the same, except that the spine is curved laterally: a somewhat greater flatness of the buttock is observed: the fold of the nates is placed higher, the inguinal fold is less deep, and the affected limb is atrophied and its muscles soft and flabby. There are some minor peculiarities, for an account of which we refer the reader to Dr. Carnochan's treatise. We pass at once to the pathology of this interesting disease of which Dr. C. gives an excellent account, too long however for quotation.

Some of the muscles around the joint are found to be well developed, others are atrophied and converted into a fatty structure. The acetabulum is sometimes quite absent; sometimes an irregular bony eminence occupies its place, without cotyloid ligament or cartilage, surrounded by the muscles which go for insertion to the lesser trochanter. The round ligament is often found elongated, flattened and worn (as it were) whilst the head of the bone is lodged in a new cavity, similar to what is formed in cases of unreduced accidental dislocations.

Dupuytren asserted that the head