

head of the bone, instead of descending far below the line of the acetabulum, is slightly raised above it; at the same time it is advanced more forwards, as well as towards the median line. The trochanter major is thrown completely backwards, and now lies against the cotyloid cavity; so that the result is, that the rotatory muscles at the back of the thigh are called into action; the pyriformis, the gemelli, the obturator internus, and quadratus, with all the posterior fibres of the glutei muscles, are evidently placed upon the stretch by the change of position; hence the permanent abduction of the limb, and the complete rotation of the toe outwards. The influence of the obturator externus muscle is almost completely annihilated, the head of the bone is clearly advanced towards its origin, while the point of its insertion by the changed position of the trochanter major, is brought in close apposition with it. The action of the psoas magrus, iliacus internus, and pectinalis muscles, must be somewhat diminished from the rotation of the toe outwards, and the advance of the trochanter minor—the insertion of these muscles towards their origin—hence, their loss of power. It is also certain that from the position of the bone, they have lost all power of opposing those muscles, which cause the abduction of the limb, and, consequently permit their full influence to come into action, so as to maintain the limb in a state of abduction, and the toe in a condition of eversion.

To restore the limb to its normal position in this kind of dislocation, we must call to mind the principles so often enunciated in the preceding varieties of displacement of the head of the femur from the cotyloid cavity; as in the description of accident last mentioned, we must abduct and gently flex the limb—this will relax all the muscles on the back of the hip—then, with powerful eversion of the foot at the same time, we shall turn the head of the bone towards the cotyloid cavity, and the muscles will restore the femur to its proper position. The same bony deficiency in the margin of the cotyloid cavity which facilitated the original displacement, now favors the return of the head of the bone into the acetabulum; the ligamentous and fibrous defences at this point having been destroyed, offer no impediment to the return of the bone—hence the facility with which the reduction of this dislocation is often accomplished by the simple means we have advocated. It must be clear that extension of the limb in this case, by means of pulleys, must be perfectly unnecessary, and cannot fail to be painful and injurious, as the head of the bone now lies almost parallel, and little removed from its true position, save that