

knowing that in Ireland and Scotland the disease was recognised by surgeons, and that a distinguished member of the profession in Ireland had contributed an elaborate article on the subject to the *British Cyclopædia of Anatomy*. From such an imputation we fully acquit him; we cannot, however, so readily excuse his overlooking the specimens of the disease contained in the London museums, for we find Mr. Adams stating, that "in the very valuable museums of London we can recognise unquestionable specimens of this congenital malformation of the bones of the hip joint. In Dublin we know some living examples of it, and our museums contain preparations showing some of its varieties, and most of its anatomical characters."—*Todd's Cyclopaedia*: vol. ii, p. 780.

We also find in the translation of Chelius' Surgery, (which, from the numerous and valuable notes added to it by Mr. South, may now be considered a *British* work on surgery,) published in 1847, a long and well written chapter is devoted to congenital dislocation of the thigh bone. Chelius saw nine cases; South, one case of this malformation.

Having now laid before our readers a short history of the literature of the subject, and having placed Dr. Carnochan's Treatise in its proper chronological position, we proceed to lay before such of them as may not be aware of what has been written on this malformation, a brief outline of its pathology, and the symptoms by which it may be recognised; and in doing so, we have great pleasure in acknowledging the assistance Dr. C. has afforded us in the performance of our task. We will not occupy the reader's attention by entering into the various theories put forward by Breschet, Strommeyer, Guerin,

Cruveilhier and Chelius, to account for the deformity, nor is it our intention to offer any speculations of our own on the subject, but pass at once to a detail of the symptoms presented in a well marked case.

What strikes the observer on his first examination of such patients, is the great disproportion between the size of the body and that of the extremities. The lower extremities appear, as Dupuytren observes, as if they belonged to a person of lower stature. A well marked curvature of the lumbar region, and prominence of the abdomen are also perceptible, and the whole trunk appears pushed down between the thighs, so that the fingers may be brought to the knees while the patient is in the erect posture. The trochanters project outwardly, and together with the muscles, connected with them, form a well marked elevation of a pyramidal shape, the base of which is formed by the os innominatum, the consequence of which is, that the tuberosities of the ischia are left bare and uncovered by muscles, and of course appear more than usually prominent; the fold of the groin is placed more vertical and is better marked than usual, as is also the fold of the the nates. The lower extremities are badly developed, and for the most part the thighs are turned obliquely outwards. Dupuytren asserted, that patients with this malformation, could not stand with the sole completely to the ground, but the observations of subsequent writers do not confirm his views. When the patient is standing at ease "the toes of each foot are directed straight forward, when both hip joints are the seat of the disease; sometimes, however, the feet are turned outwards and sometimes inwards. One of the most characteristic differential signs of congenital dislocation of the head of the