the sound limb, the trunk became much bent forward, the knee consequently less raised. The trochanter major could scarcely be felt, but was anterior and much below its normal position, and thrown inwards towards the mesian line of the body. One of the most striking symptoms in the case, was a remarkable concavity below the dorsum ilii, caused by the absence of the great trochanter, and by the gluteus maximus, as well as the medius and minimus, being put so much upon the stretch as to render the bodies of these muscles quite flat, instead of presenting their ordinary rounded form.

On examining the perineum and tracing the ramus of the ischium from the tuberosity upwards, a firm round projection could be felt at about the junction of the ischium and pubis. This projection was anterior to and rested upon the ramus of the ischium, and it was found to move when the leg was rotated together with the trochanter. The Psoas and Iliacus muscles could also be felt very much upon the stretch.

When the patient was examined in the recumbent position the thigh was less flexed upon the abdomen, but it was more turned outwards than in the upright position. On measuring from the anterior superior spinous process of the ilium to the upper edge of the patella, the length of the two limbs was nearly the same, the injured leg, if anything, being the longest, but the distance from the same point of the ilium to the trochanter on the two sides, showed a remarkable difference the trochanter of the injured limb being fully two inches further removed, and to the inner and under side.

As the pullies belonging to the Hospital had been lent to a practitioner in the country, and could not be obtained for some time, it was decided to wait until the following morning before any attempt was made at reduction. The patient was therefore placed in bed and the injured limb supported by pillows.

January 16, 1855, noon. The patient showed little or no signs of constitutional disturbance, the symptoms remained the same, except that he complained of more stiffness and the limb was far less moveable than on the preceding evening.

The reduction having been determined upon, the man was placed upon a table in the recumbent position; chloroform was then administered until perfect anasthesia was produced. A strong belt was passed round the pelvis, on the same plane, as the body, for counter extension, and the pullies were applied at nearly right angles to the vertical plane of the body, but a little inclined downwards, a round towel was also used for the purpose of dislodging the head of the femur from under the ramus of the ischium and pubis. Extension was now commenced and cautiously continued for some minutes, the muscles being extremely tense and rigid.

The ankle was grasped by an assistant and the leg drawn towards the mesian plane. After the extension had been continued for about 15 or 20 minutes, and the round towel used to dislodge the head of the bone, a hard grating sound was heard, followed by an indistinct snap. The force was immediately relaxed and a careful examination again made, when it was found that the head of the femur now no longer occupied the former situation under the pubes, but that the accident had been converted into a dislocation into the Foramen Ovale presenting all the characteristics.