

the case must also present itself, not only in the dislocation of the hip-joint, but in every variety of such displacement that shall occur in practice ; and that it is a principle that should be thoroughly studied by every surgeon who hopes to follow his profession with comfort to himself, or benefit to his fellow-creatures—at all events, it is an axiom not to be forgotten in all these cases of dislocation, that the main object is always accurately to reverse the course which the head of the bone took to arrive at its abnormal position.

If, after we have prosecuted our efforts at reduction, and presented the head of the bone to the cotyloid cavity ; we observe a sudden jerk or snap ; we may be pretty certain that the reduction has been accomplished ; added to this a facility of movement, and a loss of that deformity which was lately to be observed—when we see that all distortion has disappeared, that the two hips are symmetrical, there can no longer exist a doubt of our success, when our efforts may cease, and the patient may be conveyed to bed. The subsequent treatment of this injury to the joint consists in the applications of the means required to relieve the inflammatory action of the part ; should this occur to any extent, general bleeding, leeches or cupping, assisted with nauseating doses of tartarized antimony, may be employed : perfect rest, or only the most subdued motion of the joint, is all that should be allowed until this condition has been relieved. Should chronic swelling, with pain, continue, friction, with stimulating liniments, may be used, or should this remain obstinate with any indications of chronic disease within the joint, the use of blisters, issues or seatons may be advocated. These means will generally restore the parts to health, unless some constitutional influence interfere to prevent it, such as gout or rheumatism, when, of course, this condition must be submitted to due consideration, and treated accordingly.

DISLOCATION OF THE FEMUR INTO THE ISCHIATIC NOTCH.

The head of the thigh bone may be removed from the cotyloid cavity, and lodged in the sciatic notch. This variety of dislocation is produced by causes and influences very similar in character to those which produce the removal of the bone from its socket and placed it on the dorsum of the ilium. In this variety the flexion of the thigh upon the pelvis must have been less extreme than in the preceding case—its adduction was so great that the bones of the pelvis acted as a fulcrum for the long lever, the thigh bone, and the head of the bone was raised from the cotyloid cavity by these means, while the continued oper-