

even after the capsular ligament has been completely divided. Upon the superior face of the bone we see the dimble to which the round ligament is attached,—which direct attachment to the bottom of the acetabulum, may constitute one of the means to prevent luxation,—at the same time, by the vessels that course along it, it presents a limited and imperfect supply of blood to that very isolated structure,—the neck of the thigh-bone.

The head of the thigh-bone is placed upon an extended neck, which is essential to its free movements. It is placed at an angle with the shaft of the thigh-bone in the most unfavorable direction.—from the oblique direction in which it bears the weight of the body; it removes the great trochanter to a considerable distance from the pelvis, and hereby constitutes a fulcrum for the more powerful action of the different muscles which surround, and produce the varied movement of this important joint. It is particularly worthy of remark, that when we stand erect, the weight of the body is fairly balanced between both necks of the thigh-bones, undoubtedly in a most unfavourable direction; but when we rest the body upon one foot, the neck of the bone becomes more direct, and its position is placed to bear the increased weight with more advantage to itself. This occurs in every movement of the body. As we walk each bone alternately bears the whole weight, and as it rolls in its socket, still beautifully maintains its direct position in the axis of the body. Our surprise, too, is not lessened when we observe that this transverse neck is the smallest, and most imperfectly nourished part of the thigh-bone, so that it must forcibly impress upon our minds the possibility of fracture of this part, from any direct impulse propagated from above, as in a great leap or on our unexpectedly alighting from a height on the feet. When this happens, especially in old people, whose bones are more brittle from the diminished amount of chondrine, fracture of this part is very liable to occur. And we should also observe that the neck of this bone varies in length, and obliquely, as we advance in years. In youth it is long, and placed obliquely; while, as old age advances, it becomes shorter, and more horizontal; thereby increasing the disadvantage under which old people especially labour, in these kinds of accidents. The round head of the bone, too, in youth is connected to the neck by cartilage—it has been said to be separated at this epiphisis by accident; but we have no very clear or direct evidence of the fact; and did it occur, it would, in all probability, either give rise to disease of the joint, and its distinctive character be lost in its stages; or, as no displacement of the bone would occur, the injury would, in all probability, get well without our recognizing its nature.

Surrounding these parts, and completely inclosing them as in a cavity, is the strong capsular ligament. It is reflected from the external periosteum and margin of the acetabulum, to be inserted