

Without, at this time, touching fully upon the pathological anatomy of this affection, it may be stated that there are many causes which produce this condition. Different observers have laid stress upon different sets of phenomena to explain the clinical and anatomical conditions found present.

It is generally conceded that true congenital dislocation is an affection of uterine life. It is not a defect of development like hare-lip, but a malposition of bones with resulting structural changes in the soft parts, as in club foot. The affection, for some unknown reason, is more common in girls than in boys.

In the Transactions of the British Orthopedic Society, for 1896, is published, by Mr. Jackson Clark, the report of an infant specimen tending to show that intra-uterine pressure is an important cause, the thighs having been flexed for so long a period, without extension, as to cause contraction of the anterior portion of the capsule, which in extension would act as a fulcrum and result in throwing the imperfectly formed head out of the acetabulum.

My own observation is strongly confirmatory of that of some others, pointing to the probability that there is some general cause at work, at least in many cases, producing defects in the skeleton. Taylor reports the examination of an adult pelvis showing double congenital dislocation and imperfect development of the whole pelvis. There was marked shallowness and irregularity of the acetabulum, flattening of the femoral heads, while the whole pelvis was very light, and in some parts of egg-shell thinness, and the vertebral arches of the sacrum were incomplete. This writer calls attention to an article by Wolff, who describes the case of a nine year old girl with bilateral congenital hip luxation, and presenting other features of special interest. There was a fixed dislocation of the left tibia forward, a similar dislocation of the right knee, which could be replaced by the patient at will, and marked laxity of nearly all the joints of the body, in several of which luxations or subluxations existed.

In my own observation, one girl of eleven years, seen with Dr. G. A. MacCallum, of Dunnville, had, at birth, strongly marked genu retrorsum, with absence of the patella on the same side. As the backward displacement of the knee had been corrected, and she still walked with a slightly marked limp, further explanation was sought and found in the fact that there was a congenital luxation of the hip of the same side. Another case was that of a child in whom both *tabiæ* were congenitally absent. This boy had congenital luxation of one side, one testicle only found in the scrotum, and hare-lip with cleft palate.

There seems no good reason for trying to assign all cases to one general cause. It is certain that we must look upon these cases as dependent upon many various causes, imperfect development, intra-uterine pressure, laxity of ligaments, and traumatism before or at the time of birth.

The pathological anatomy is well known. The most important changes are those of the capsule, which is not ruptured as in ordinary traumatic dislocation, but is gradually stretched. As the child's weight increases