

tori. The action of these muscles will cause this accident closely to simulate dislocation, for which it is very apt to be mistaken. The toe is permanently inverted and the mobility so distinctive of the fracture of the neck of the thigh-bone is wanting; while the thigh is shortened and flexed upon the body. Should, however, the portion of the neck of the bone attached to the shaft, be particularly small, the effect here mentioned would not be produced; the rotator muscles would easily come into play, and produce their wonted influence as soon as the bone was raised upon the dorsum of the ilium, hence the toe would be everted, and the bone not being bound down upon the pelvis, would exhibit the mobility so diagnostic of these varieties of accidents.

In considering the accidents which happen to the neck of the thigh-bone from the influence of force proceeding from above downwards, we have clearly shown that solution of continuity in the neck of the thigh-bone is not an uncommon result, but that this accident usually happens to old persons; we should, however, not be ignorant that a similar influence operating on a very young person, may produce—not fracture of the neck of the thigh-bone—but a separation of the epiphysis, dividing the head from the neck of the thigh-bone. The rough handling of an infant by its nurse, who has perhaps seized it by the thigh to save it from falling, throws the whole weight of the body upon the neck of the thigh-bone; and the comparatively shallow cotyloid cavity at this period of life, acting upon the head, completely separates the neck from the head of the bone. This separation of continuity is for the most part unattended with rupture of the round or capsular ligaments, consequently with little displacement of the shaft of the bone, for the point of the solution of continuity is placed so deeply in the cotyloid cavity, even in the infant, that the extremity of the neck still rests upon the margin of the acetabulum; hence, there will be no shortening of the limb—a somewhat increased latitude of motion may be present; but no crepitus or distortion of the parts will be observable. Such a case must be most difficult to diagnose, and did not excessive inflammatory action supervene, reunion would in all probability result, possibly without our ever knowing the positive nature of the injury which had happened—doubtless this often has been the case. Should the neck of the femur fairly pass without the cotyloid cavity, and freely move within the capsular ligament, the nature of the symptoms will closely simulate those described in connection with fracture of the neck of the bone, occurring within