

was pretty certain I could feel the head *in situ*. I should have mentioned that the patient was very thin, and the muscles much atrophied. I only suspected what was the matter, and endeavored to get the head of the humerus into its place. I employed first one and then two powerful men to make the extension without succeeding. I then put him under the influence of chloroform, and applied the same force with no result. The direction of extension was varied, but still I was baffled. The head of the humerus could be drawn even beyond the point where it ought to have slipped into its place, but it refused so to do, and seemed to be kept at a distance anteriorly from the head of the scapula. I now employed three powerful men to make extension, and three counter-extension, giving them directions to pull *very slowly*, and to keep it up, so as to tire the muscles. When the head of the humerus came on a line with the glenoid cavity, I pushed it forward, when a loud grinding crepitus was heard by all present, and the bone slipped into its place. The power of moving the arm immediately returned to the patient, but on my moving the arm, crepitus could be plainly distinguished in the shoulder. I asked Dr. Grant to look at the case, who was quite satisfied that there was fracture in the shoulder. If this was not a case of fracture of the head of the scapula, what was it?

The points to be noted are:—

1. That the arm hung perpendicularly down by the side, not the position of simple dislocation of the head of the humerus forwards.
2. Active or voluntary motion (except slight movement of three fingers) lost.
3. Great passive mobility, not found in simple dislocation of humerus forwards.
4. When replaced, the humerus remained *in situ*, but crepitus was still distinct on motion whether active or passive.

3. IODIDE OF ZINC AS A TOPICAL APPLICATION IN VENEREAL SORES.

Having noticed that iodide of zinc was very strongly recommended as possessing the power of resolving enlarged tonsils, I instituted some experiments with a view of establishing its virtues, with but indifferent results. During this investigation three cases of syphilitic ulceration of the throat happened in my practice. It occurred to me to try it in these cases, and I had reason to be surprised at the rapidity with which the cure was effected. Since that I have used it in syphilitic ulceration of the nose and tongue, some very bad, with equally satisfactory results. In fact none seem to resist it. It is now three years since I have used it, and every fresh case only confirms its great powers. My opinion is entitled to some weight, as, since 1836, I have used Ricord's Acid Ni-