

The censure of the medical faculty of Ann Arbor had not been "indirect." In the American Medical Association charges had been preferred against the State Society because of allowing professors at Ann Arbor to represent the Society, and at the late meeting of the State Society charges were preferred against the professors, thus making the censure direct, though it seems to be the desire to have the question, whether the profession will sustain such mixed schools, settled by the American Medical Association.

Very respectfully,

HENRY B. BAKER.

Lansing, Mich., June 3, 1878.

Selected Articles.

TWO UNCOMMON FORMS OF DISLOCATION.

Mr. A. W. Mayo Robson lately reported in the *British Medical Journal* the following cases, one is a dislocation of the jaw during an attack of hysteria; the other is a dislocation of the sternal end of the clavicle upwards. The first is interesting on account of its cause; the second, on account of its rarity.

I was called to see a woman, aged 30, said to be in a fit. On arriving at the house, I found her in an hysterical attack, and ascertained that she had received news of a severe family trouble a few hours previously. A curious symptom in this case was, that she violently worked the jaw, and would persist in doing so despite being sharply spoken to and treated freely with cold water. Whilst I was observing her, the jaw suddenly became fixed widely open and displaced obliquely towards the right side. She instantly began to scream violently, and applied her hand to the injured part. I need scarcely say that the hysteria vanished, as if by magic. I replaced the jaw in the usual manner, and applied a four-tailed bandage. After being put to bed, she had a return of the paroxysms, and again worked the jaw; but this time the bandage prevented displacement. The next day, beyond a considerable degree of stiffness, nothing abnormal was found. I then ascertained that she had never had dislocation of the jaw, on any previous occasion. My reasons for recording the case is, that I find no mention made of any similar one either in Hamilton on "Fractures and Dislocations" or in Holmes's, Erichsen's, or Bryant's works on surgery.

The history of the second is as follows. I was called on September 27th, 1877, to see a grammar-school boy aged 15; the messenger telling me that he had put his shoulder out, having fallen under-

most in a scrimmage at football. On arrival, I found him leaning towards the left side and supporting that arm with his right hand, any change of position giving great pain. On stripping the chest, the first sign that attracted my attention was a marked flattening of the left infraclavicular region. I then noticed a depression of the same shoulder; a very distinct prominence in front of the trachea just above the sternum; an absence of the natural projection of the left sterno-clavicular articulation, its place being taken by a depression in which could be felt the empty sternal socket. The tendon of the left sterno-mastoid was stretched tensely like the string of a bow, and the distance between the shoulder-tip and the middle line was an inch less on the affected side than on the sound one. There was no dyspnoea, and an entire absence of crepitus. My diagnosis was dislocation of the sternal end of the clavicle upwards, as the only accidents which might have simulated it were separation of the epiphysis and fracture; the latter being negatived by the absence of crepitus, and the former by the fact that ossification does not take place in the epiphysis till the eighteenth or twentieth year. Reduction was easily effected by drawing the shoulders backwards and raising the arm. I tied a handkerchief round each arm near the shoulder, and looped them together firmly behind; placed a pad in the axilla; pressed the elbow inwards by means of a bandage round the chest, enclosing the arm; and supported the elbow and forearm in a sling; after which the symmetrical appearance of the chest returned. In the after-treatment, there was a great tendency for the sternal end of the clavicle to slip upwards, as the boy, being unusually active, always contrived to romp about and loosen the bandages as soon as his attendant's back was turned. Although the appliances were continued for three weeks, and a figure-of-eight bandage for a fortnight longer, yet at the end of that time the sternal end of the clavicle remained about half an inch above its usual level; but the functions of the limb seemed to be in no way impaired. The only cases I can find on record of a similar nature are four quoted by Malgaigne, two by Bryant, one by Dr. Rochester of Buffalo, and one by Hamilton.

BONE FORMATION AFTER RESECTION OF THE LOWER JAW.

The following is by B. von Langenbeck, in the translation of the "German Society of Surgery," Sixth Congress.

GENTLEMEN: I am permitted to make this brief communication through the (as I may well say) exceedingly great attention which Prof. J. R. Wood, of New York, has shown, in sending this preparation here from New York by his assistant, Dr. Wiggin, in order to allow it to be demonstra-