

provided the surgeon reside within a convenient distance, never take place; and which, if the cases published in the tables referred to had been under Dr. H.'s treatment, I am satisfied never would.

ART. XXVI.—*Dislocation of the Os Humeri on the Dorsum Scapula.* By JOHN REDDY, M.D., L.R.C.S.I., &c.

A gentleman was admitted into the Montreal General Hospital on the 11th October, 1853, under the care of Dr. Scott, suffering from delirium tremens, towards midnight he became very restless, and wandering about the ward, was attracted by a string attached to the window over the door, which acts as ventilator. Supposing it to be a bell-pull, he seized it with his left hand, and while pulling, it suddenly gave way, by which means he was turned half round, falling on his face, the arm still extended, and by the fall brought across the chest. The nurse went in just as he had risen, and finding him difficult to control, came for me. I found him sitting at the bedside, drawing the sheet through his hands. He did not complain of being in pain, nor did I observe anything peculiar in his appearance. He became tranquil, and I left him in charge of the orderly during the remainder of the night. Next day he frequently complained that his "old rheumatism had seized him again, and that he had suffered much from it." On the morning of the 13th, (36 hours after the fall), he complained of his shoulder paining him, and on examining, I found that the head of the humerus had been thrown backwards upon the dorsum of the scapula beneath the spine. He could move the arm freely, bring it close to the side, but was unable to elevate it higher than about 12 inches. The depression beneath acromion, with flattening, existed as in ordinary dislocation, the former, however, most marked in front; the shoulder was very much widened, slightly upwards and backwards. During rotation the head of the bone could be distinctly felt, while at rest the arm was semi-flexed, the elbow close to the side. Dr. Scott saw him shortly after my visit, and also detected the nature of the accident. We tried reduction by manual efforts, but failing, had recourse to "Jarvis' Adjuster," having first administered chloroform. Considerable extension was required, and after some time, while the Doctor pressed upon the head of the bone, I elevated the arm towards the head, then bringing it across the chest, the bone suddenly snapped into its place with a loud noise. The arm was confined to the side with a roller, and in a few days he left quite well.

REMARKS.

The subject of the above accident was a man of great muscular power, 14 stone weight, 5 feet 9 inches in height, measuring 13 inches at centre