not have permitted it had I requested it. All the vital organs, however, seemed normal, and I was unable to assign any other cause of death but the inhalation of the chloroform.—*Am. Med. Times.*

FRACTURE OF THE CLAVICLE, WITH CHOREA.—Having a very aggravated case of chorea with a fractured clavicle, I tried various forms of bandages, to keep the shoulder quiet, without success; when fearing that I should have a false joint, I adopted the following thorough mode of fixing it which proved successful.

I first made a cross of thin wood, and having padded it well with cotton, and placed it upon the back, I fastened the shoulders to it by means of a figure of eight bandage, putting wool under it wherever there was danger of its chafing. I then put a pad into the axilla, elevated the shoulder well by raising the elbow upwards and forwards against the chest, and applied two nine-yard rollers in the manner directed by Desault. The annexed wood-cut will give the idea of his mode, although the bandage crossing over the shoulder is hardly placed high enough in it.

Having put the first roller on transversely, the second is commenced in the axilla of the sound side, carried across the breast, over the fractured bone and shoulder, down on the posterior aspect of the arm, under the elbow and again across the chest to the axilla. It is then carried round across the back, brought up over the injured shoulder, passed down on the front side of the arm to the elbow, whence it ascends obliquely across the back to the axilla again: it is afterwards brought forward to have the same course repeated.

I secured everything with stitches, and found no subsequent necessity for either alteration or removal until ossification had become completed. The progress of reunion was readily ascertained, at any time, by raising the bandage a little from off the seat of fracture. The deformity left was very slight indeed, and even without the chorea would well deserve the name of an excellent joining for a clavicle. The patient never laid down until the cross was removed, but slept sitting, with his forehead resting upon a pillow. As he did not seem to suffer from the want of rest I did not relieve him, but have since thought that a sheet iron one might easily have been made in which he could have lain upon his back with comfort.—*Editor.*

DISLOCATION OF THE LEFT SHOULDER REDUCED BY MANIPULATION *By Charles H. Pyle, M.D., Assist. Surg. U. S. Navy.*

On the morning of October 9th, I was called to see a sailor suffering from an injury of the left shoulder, produced by a fall on deck. On examining the injured part, I discovered a luxation of the humerus forward, the head of the bone forming a prominent tumour under the belly of the pectoralis major muscle: the acromion process of the scapula was prominent and well defined. I immediately proceeded to reduction.

I seated the patient on a low stool, flexed the forearm on the arm, elevated the arm at an angle of 45° with the body, then rotating the head of the humerus by turning the arm backwards as far as possible, and afterwards suddenly reversing the motion on carrying the injured extremity across the chest towards the sound side, when the head of the bone slipped into the glenoid cavity with a slight noise.

This process for reducing dislocations of the shoulder was taught me by my old friend and preceptor, Prof. H. H. Smith of Philadelphia. The advantage it possesses over the old method is very manifest, since instead of requiring a vast expense of muscular power on the part of the surgeon, it is nearly all transferred to the muscles of the patient.

In flexing the forearm on the arm, the flexor muscles are relaxed; by elevating and rotating the head of the humerus, it is dislodged from the neck of the scapula, and gradually forced upon the edge of the glenoid cavity, when the supra-spinatus, deltoid, and infra-spinatus muscles quickly draw it into its proper place.—*Hay's American Journal.*

## New Books.

On Uterine and Ovarian Inflammation, and on the Physiology and Diseases of Menstruation. By E. J. Tilt, M.D., Consulting Physician to the Farringdon General Dispensary, &c., &c. 3rd edition, 8vo., pp. 476. J. Churchill, 1862.

Dr. Tilt's work differs from that of Dr. Bennet in giving more prominence to inflammation of the ovaries as a cause of diseases of menstruation and sterility. His aim is to perform for the ovaries, what has been successfully done for other organs by many eminent men. It is one of the most complete works likewise, that we have in the English language, on menstruation and its derangements. As usual, we will give a few extracts from its pages.

In remarking on the influence of names in the treatment of uterine disease, he says, Recamier's main element was inflammation and ulceration of the womb, requiring surgical measures. Lisfranc's was congestion and engorgement of the neck and of the body of the womb. It was uterine catarrh of the body and neck of the uterus for Boivin and Dugès. By Chomel and Velpeau, granulations of the os-uteri were prominently brought forward, the latter discovering also flexions of the womb. In the writings of Dr. Simpson, deviations of the womb from its normal place became the chief disease of women, requiring the frequent use of intra-uterine pessaries, said to be well borne by the Scotch, but which have proved fatal to many women in England, France, and Germany. Dr. H. Bennet holds ulceration of the neck of the womb to be the cause of all female diseases in nineteen cases out of twenty. Dr. Tyler Smith sought to prove that most of the ailments peculiar to women originated in the hyper-secretion of the mucous glands of its neck. Retention of menstruation has been given as the frequent cause by Bernutz and Goupil. Ovaritis, sometimes causing uterine disease, and frequently pelvic peritonitis, was insisted on by the author, and subsequently by Aran. And although none of these views can be exclusively adopted, all should receive due consideration to arrive at correct notions of uterine pathology.

*External Examination.*—The intestines and bladder having been previously emptied, the patient should lie on her back with the head and shoulders elevated, and the thighs so placed as to form nearly a right angle with the body; her attention should be diverted to prevent contraction of the abdominal muscles, whilst pressure is directed backwards towards the brim of the pelvis from a point a little upwards from the curve of Poupart's ligament; this