

mind, from what took place in my own person. After all my perspiratory pores had been kept open for some time, in a crowded hospital, on going across the parade I was suddenly seized with a cold, shivering and trembling fit, which lasted some time after my return home. All my thoughts were fixed on cholera. By means of the pediluvium and mulled port wine, however, I restored warmth and comfortable feelings, but suffered a smart febrile attack after going to bed, which kept me hot and restless during the night; but from which I in the morning arose free, though languid. I think that had my constitution been so predisposed, the same cause which produced fever would have brought on cholera morbus."

If we turn to the description of congestive fevers, as given by Armstrong, as well as modern authors, we find both their primary and latter symptoms very much resembling cholera. In the Southern States they have "choleraic intermittents," blue disease," and "cold plague."

Dr. Wood's description of congestive fevers is,—"There is great thirst, with tormenting sense of inward heat; the surface is cold, and bedewed with perspiration; the countenance is expressive of alarm, the pulse small, or almost imperceptible; there is vomiting and diarrhoea; and, in fact, the disease in many respects resembles algide cholera." Mr. Swinney of Bengal, in speaking of the latter stages of these fevers says, "the patient sinks gradually into a state resembling the collapse that succeeds the low form of cholera;" and Dr. James Johnson reports cases of fever, where the "eyes of the patients put on a muddy appearance, and the expression generally observed in cases of Indian cholera."

(To be Continued.)

#### ART. LV.—REMARKS ON "LUXATIONS OF THE CLAVICLE."

By JOHN G. BETHUNE, M. D., BERTHIER.

Dislocations of the clavicle are, generally speaking, of rare occurrence; when compared with the frequency of fracture of this bone, and the reasons assigned are its strong scapulo and costo-sternal ligamentous attachments. The form, size and position of the bone, together with the fact, of the force necessary in almost every instance to cause a solution of continuity in its osseous structure, or ligamentous adhesions, preponderating in favor of the former.

The bone may be luxated at either extremity; but dislocation of the sterno-clavicular articulation appears to be the most common accident of the two.

Nevertheless, medical opinion is somewhat divided on this point. Many of the best authors assent the prevalence of luxation at the sternum, while others, equally eminent, maintain the contrary.

Ferguson, who will surely be admitted to be as sound a practical surgeon as he is a bold and uncompromising writer, affirms luxations at the outer extremity to be the most common occurrence. Dislocations at the sternal extremity admit of variety. Thus we have the subdivisions of forwards, upwards, backwards, and these again admit of discussion, as to the prevalence of either, though the former is generally considered most frequent.

When dislocation occurs at the acromial articulation, the diagnosis is more difficult than when at the opposite extremity; and although the evident misplacement on manipulation, joined to the other symptoms, as falling of the shoulder, jutting outwards and backwards of the obtruded end of the clavicle, absence of the acromion process, and the presence of a cavity instead of the natural plane, pain, inertness of the shoulder joint, and inability to raise the hand to the head, and general indications of the nature of the accident; yet, even all these are sometimes so vague or obscure, added to which the frequent absence of one or more leading signs, that many of the most skilful and observant surgeons have occasionally failed in detecting it, and have been induced to consider it as a partial luxation of the humerus.

In treating of this variety of dislocation, it is proper to remark, that the older writers in surgery seem to have been considerably puzzled at times in their diagnosis of the same. So obscure did it often appear to them to be, that Hippocrates, in his *Lib. de Articulis*, and Parry also, assent, that many of the best Physicians and Surgeons have been deceived in the diagnosis thereof, taking it to be a luxation of the humerus, and so have miserably tortured their patient to no purpose. *Helister*, in his work on Surgery, (a copy of which I have now before me, being the edition for the year 1750,) says, "The proper and principal system of a luxated clavicle, (at the acromion) on a cavity, between that bone and the *Processus acromion* of the scapula, which not being found in sound limbs, must indicate a dissolution of the mutual connection between these bones, and in corroboration of this, quotes an anecdote of *Galen*, occurring in his (*comment in Hippocratis Liber 1. De Articulis*), who affirms as follows:—"I myself had once, in struggling, my clavicle so vastly separated from the acromion, that there appeared a sinus between the bones of near three fingers' breadth."

Luxation of the sternal extremity of the clavicle, if