specks on the cornea, I introduced a diluted preparation of the ointment of red oxide of mercury within the eyelids; the child cried lustily, and the stimulated eye was rendered perhaps a little more moist, but no tears flowed upon the lids, or collected at the inner angle. This treatment was repeated on several occasions, and always with the same results, even when the tip of my finger was placed over the orifices of the lachrymal puncta, so as, if possible, to obstruct them.

On the 1st of July, little change having taken place in the opacities, about which the mother of the patient expressed much solicitude, a stronger stimulus (tinctura opii) was applied to the *right* conjunctiva, which then became red, and a clear colourless fluid of saltish taste gushed from the eye, and rolled upon the cheek; but although the child screamed with pain, its left eye and lachrymal gland preserved throughout a perfectly quiescent condition. About a week afterwards, the tinctura opii was applied to the latter, and it wept, its fellow being at the same time tearless. This treatment proved satisfactorily the presence of two lachrymal glands, and their ability to secrete tears under an extraordinary stimulation only.

The cause of their torpidity appears to me, at the present age of the patient, to be inexplicable. I believe this to be the first case recorded in which such an affection, uncomplicated by disease of the conjunctiva, has been congenital. The more common causes of a suppressed, or diminished secretion of tears, are—disease of the lachrymal gland; certain cases of amaurosis; the impaired nutrition of advanced life; violent grief; and closure of the lachrymal ducts.

Before concluding this communication, I must notice that Mr. Wardrop has related in the *Lancet* for Nov. 29th, 1853, a case of congenital dryness of the conjunctiva (xeroma), with inability to weep, in consequence of the intimate adhesions of the eyelids to the globes obstructing the lachrymal ducts.

A similar condition is occasionally produced by chronic inflammation of the conjunctiva in the adult. Indeed, it is possible that Mr. Wardrop's case may have been the result of intra-uterine conjunctivitis.

Birmingham, January, 1854.

A CASE OF DISLOCATION OF THE HEAD OF THE HUMERUS UPON THE DORSUM OF THE SCAPULA.

By ROBERT DUNN, F.R.C.S., etc.

MR. WEST's case of dislocation of the os humeri upon the dorsum of the scapula, in the *ASSOCIATION JOURNAL* for Jan. 6th, is highly interesting, not merely on account of its rarity, but from the detail of how the accident occurred. Few such cases are to be found in the annals of British surgery. The very possibility of their occurrence has been denied by so great a surgeon as Boyer. It has reminded me of an instance which came under my own observation many years ago; and I need offer no apology for placing it upon record. I communicated the particulars at the time to my much respected friend, the late Mr. Bransby B. Cooper, and he was regularly in the habit of relating the case to his class, in his surgical lectures at Guy's Hospital.

The case was that of an old woman, aged 60 years, living in Hen and Chicken Court, Fleet Street, who had fallen down in a fit, and to whom I had been called. Before I arrived, she had recovered from the fit, but she complained to me of great pain in the shoulder, and of inability to move the arm. Upon a careful examination, which I was induced to make, from the appearance being so very different from what might have been expected from paralysis, or any other neuralgic affection, I soon perceived that the articular surface of the humerus had been thrown from the glenoid cavity of the scapula. Upon viewing the two shoulders, for the purpose of discovering the deviation from symmetry, it gave an appearance on the affected side as if

the glenoid cavity had been thrown forwards, and rendered particularly prominent. The whole arm appeared shorter, and was directed forwards, but separated from the body; the head of the bone could be distinctly felt upon the dorsum of the scapula, producing a considerable tumour, and forming the grand diagnostic mark of the nature of the injury. I raised the arm perpendicularly to the body, in the manner recommended for the reduction of such dislocations, but not being successful in returning the head of the bone into its place, and the attempt occasioning very considerable pain, I desisted, and proceeded in the following manner. The scapula being fixed, I made extension from the wrist in the direction of the displaced bone (without putting my foot on the axilla) for two or three minutes, while my friend Mr. J. Davison, surgeon, of Alnwick, then a pupil of Guy's, was directing the head of the bone forwards from the dorsum of the scapula, and in this way it readily slipped into its place.

Mr. Cooper attributed my want of success in reducing the dislocation in the way I at first attempted, to the want of strength on my part properly to raise the arm; and strongly recommends the perpendicular elevation, as the best mode in such cases for reducing the dislocated bone.

31, Norfolk Street, Jan. 9th, 1854.

NOTES ON EPIDEMICAL DISEASES.

By WILLIAM ADDISON, M.D., F.R.S.

NO. II.

INFLUENZA, CHOLERA, CONTINUED FEVER, TYPHUS, AGUE, REMITTENT FEVER, DIARRHŒA, DYSENTERY, SMALL-POX, SCARLET FEVER, MEASLES, HOOPING-COUGH.

II. ENDEMIC ATMOSPHERES.

EXHALATIONS arising from marshes, the low shores of rivers and harbours, from jungles, and other uncultivated and undrained places, constitute a poison which produces fevers of various types and degrees of intensity. There are situations in hot climates in which these exhalations generate a poison so intense, that a few inspirations of the air in which they are diffused is capable of producing death; and there are other situations in which a less highly concentrated poison accumulates, the inspiration of which for a short period produces a fever capable of destroying life in a few hours.

That substances mixed or suspended in atmospheric air may be conveyed with it to the lungs, and immediately enter into the blood, any one may easily satisfy himself by passing through a recently painted room. The vapour of turpentine diffused through the room is transmitted to the lungs with the air which is breathed, and passing into the current of the circulation, will exhibit its effects in some of the fluid excretions of the body, even more rapidly than if it had been taken into the stomach.

Facts such as these help us to understand how disease may be produced and propagated through the medium of an infected atmosphere. Very striking effects from such a cause have been witnessed in the crews of ships. The health of the men has been perfectly good whilst at sea, but no sooner do they arrive in port than sickness, sometimes to a fearful extent, begins. On the other hand, sickness acquired in port diminishes, and fresh cases cease to appear, on the ship again putting out to sea.

A few years ago, the *Centurion* dropped her anchor in Bombay harbour, in the month of March, at which time the ship's company were in good health. A few days after, eighteen men were taken ill of fever in one night, and from that time, from eight to twelve men were daily added to the sick list, until the number amounted to 120. In 1839, fever of a very malignant kind appeared among the crew of the *Vestal*, then at anchor in Barbadoes. Fifty cases occurred in ten days; and there appearing but little prospect of the disease abating whilst the ship remained in port, she put to sea. On the fourth day after the disease