

Was the inordinate depth of the wound a condition of fatality? This might readily be the case unknown as yet to us, a hitherto unconsidered danger? I need hardly multiply questions I am unable to answer.

There is, however, one consideration which we have long believed to be important, and which was strengthened by this death. If the obliteration of an artery and thereby the cure of aneurism by pressure be the best known mode, why should we not deem it better than ligation to imitate it as near as possible, where the ligation is impracticable. How far the *ligation* itself contributes to constitutional disturbance we do not know. Several years since I conceived the idea that pressure on the artery when exposed, by a delicate slip of metal, bent upon itself over the artery, and which merely flattened it, was a better proceeding than ligation. Some experiments made on the arteries of animals proved it to be correct. The same is the case in all pressure where it is convenient, and I regret that I did not find the first convenient in this instance.

ART. IX.—*Dislocation of the Left Shoulder reduced by Manipulation, without the Employment of Anæsthetics or other Remedies.* By CHARLES H. PILE, 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.