in a wrong direction, they are not new productions, but merely natural cilia, the bulbs of which have been displaced by disease affecting the border of the eyelid; and had I not several preparations in my possession, which show an undoubted additional growth of these hairs, I should be very slow in differing from this, one of the highest living authorities upon ophthalmic surgery. In these cases, however, I not only examined the tarsal margins minutely after their removal, but counted the cilia, and they invariably amounted to more than what occurs in health; although it must be acknowledged that the number varies even in a healthy or natural condition.

"In psorophthalmia, and particularly in tinca palpebrarum, when inflammation attacks the whole margin of the eyelid (especially the upper), and the cutis swells considerably, while small abscesses form round the roots of the individual hairs, and the entire surface in some cases presents a condylomatous appearance, the interspaces between the cilia enlarge from the unhealthy deposit in the part; so that the natural position of these hairs is reversed, being then more divergent where they pierce the skin than at the roots; and they likewise exhibit a bushy, very irregular and distorted appearance, in a well marked triple or quadruple row. Now, although the original disease that produced this state may be speedily removed, still the fibrous deposit along the margin of the lid which altered the relation of these hairs, remains to a certain extent, and keeps up their deformity, or unnatural or distorted position, in whole or in part, so as subsequently to produce the disease called trichiasis, the apex of the line of hairs being then at their roots along the cartilage, and the base at their fine extremities."

The following mode of treating single hairs when inverted, is well worthy of attention:—

"In such cases, placing the horn spatula within the lid, I make an incision with a small knife down to the root of the inverted lash; and, having waited till the hæmorrhage has ceased, I apply a point of nitrate of silver by means of a *porte-caustique* down to the bottom of the wound, and then remove the lash; it seldom fails, but frequently it destroys two or three of the neighbouring cilia."

I avail myself of this opportunity of stating, with reference to Captain T., whose case I described, that the lids close with facility, and the cornea have become clear; he is able to read with comfort in any amount of light, and much improvement has taken place in his appearance.

19, Berkeley Square, March 5th, 1853.

DISLOCATION BACKWARDS OF THE HEAD OF THE HUMERUS.

By EDWARD JACKSON, M.B.

SIR A. COOPER and Mr. LISTON allude to dislocation backwards of the head of the humerus as an exceedingly rare accident.

Having lately met with a very well marked example, I have thought that it may be useful to the profession to give an account of the peculiarities of the case, and of the manner in which reduction was accomplished.

CASE. The subject was a strong muscular man, aged about 35 years, who had for some years suffered from epilepsy. During one of these attacks, falling suddenly, he sustained a dislocation of his left shoulder.

The following condition of the limb was presented. The arm was removed from the side, but the patient could with considerable effort raise it to a horizontal position. On comparing the two shoulders, there was a greater prominence observable posteriorly on the left side, but not so much so as one would have expected to find in an accident of this kind. There was little, if any, falling down of the head of the humerus, as in dislocation downwards; nor was there so great a projection of the acromion process; yet this was tolerably conspicuous anteriorly at the point of its junction with the clavicle. The head of the bone could

not be felt in the axilla. The tendon of the biceps, arising from the coracoid process of the scapula, together with that of the coraco-brachialis, were felt anteriorly like tense cords stretching from above downwards. But the most remarkable diagnostic sign of this dislocation was a circular depression on the anterior aspect of the joint; and when the fingers were somewhat forcibly pressed into the centre of this depression, the whole circle of the glenoid cavity could be distinctly felt. This at once identified the accident as dislocation backwards.

Reduction was attempted by extension from the upper and lower arm, whilst an effort to replace the bone by rotation outwards was made; but after persisting for a considerable time, and using great force, no movement resulted. Having given up the attempt to reduce by this method, we had recourse to a different plan. The forearm was flexed, whilst slight extension was made at the same time, and the bone simultaneously rotated outwards; and thus, with little effort, the reduction was effected.

It appears that the chief obstacles to reduction in this peculiar dislocation consisted in the violent tension of the tendons of the biceps, coraco-brachialis, and pectoralis major muscles.

Heclesfield, near Sheffield, Feb. 1853.

BIBLIOGRAPHICAL NOTICES.

SIX LECTURES ON MATERIA MEDICA, and its Relation to the Animal Economy. Delivered before the Royal College of Physicians in 1852. By JOHN SPURGIN, M.D. 8vo., pp. 204. London: 1852.

SOME years ago, an annual course of "*Six Lectures on Materia Medica*" was established by the Royal College of Physicians, for the purpose not only of explaining the sources, preparations, and properties of medicines, but also of unfolding the principles which should be observed in their administration. These principles, of course, are founded upon a much broader basis than mere pharmacy, and indeed can only be deduced from a study of the science of medicine in all its relations, including anatomy and physiology. Dr. SPURGIN proposes, in this course of lectures, "to examine certain principles and laws which the animal economy presents to our observation, and by the operation of which it is constantly preserved and perpetuated". These laws and principles he deduces chiefly from an examination of the nature and constitution of the blood, and the part which it performs in the economy of animal life. The subject of these lectures, therefore, is not (as the title would lead the reader to expect), what is commonly understood by the term *materia medica*; but it is, in fact, the *physiology of the blood, and its connexion with pathology and therapeutics*.

A disquisition on such a subject, from the pen of so accomplished a physician as Dr. Spurgin, cannot but be interesting to the profession; and, as the author's views are in some important points perfectly original, differing essentially indeed from the commonly received opinions, we feel it incumbent upon us to give a short analysis of the contents of the volume.

Dr. Spurgin's theory of the animal economy is based upon the hypothesis, that "the blood, by its universal presence in the system, and in virtue of its being the very origin and source of every part, and thence of the whole bodily fabric, constitutes the very corporeal life and vital principle to which they all refer and are subordinate". By boldly assuming this theory, and investing with a material, though fluid attribute, the vital principle, the author has at once cut the Gordian knot, and banished from the vocabulary of medicine all the vague terms with which former physiologists have endeavoured to express a something which they could not comprehend, nor believe to have a material existence. If Dr. Spurgin's hypothesis be received, the terms *vital principle, vis nervosa, vis medicatrix naturæ, materies*