the elbow projecting backwards; and about an inch below the acromion, about on a level with the coracoid process, is a sharp, projecting angular piece of bone, continuous with the shaft of the humerus and moving with the shaft. The rounded head of the humerus also moves on rotating the elbow. The arm is five-eights of an inch shorter than its fellow. On the posterior aspect of the joint continuous with the head of the humerus is felt a slightly prominent edge. From the axilla nothing abnormal is detected. Whatever had been the original extent and character of the lesion, I have no doubt that there was a fracture of the anatomical neck, which has united with the characteristic angular deformity anteriorly. Had there been a dislocation it would probably have remained unreduced as with a fracture so high up there would have been no hold upon the head of the humerus to effect its reduction, and there is no evidence now of a fracture of the neck of the scapula having taken place. I can only surmise that the presence of pain and swelling prevented the medical man from making a thoroughly satisfactory examination. Examination under an anesthetic would have been advisable and might have led to the institution of treatment which would have prevented the serious disability and unsightly deformity which were strongly in evidence when I saw the case.

S——, received a blow on the back of the shoulder, and the head of the bone was driven from the glenoid cavity, and appeared prominent below the coracoid process. The luxation was reduced but recurred, and under chloroform was again reduced and the arm put up in a Velpeau bandage. After being kept at rest for some time the bandage was removed and the hand carried in a sling. The voluntary movements of the shoulder were much restricted, but passive movement was free. The deltoid was much atrophied so that the bony parts were very prominent, and the appearance strongly resembled a dislocation, but the freedom of the passive movements, the presence of the head of the bone within the glenoid cavity and the decreased shoulder girth, along with the atrophied muscles, explained its true character.

A gentleman fell and struck his shoulder against a brick wall. The fall was so slight and the disability so trivial that he thought he had merely suffered a contusion or strain, and consulted a medical man only when after the lapse of some days he found the discomfort and disability had not passed away. Some three or four weeks after the injury I saw him; there was then, undoubtedly, an axillary luxation. Under an anesthetic this was reduced by traction downwards with the heel in the axilla, after failure by Kocher's method, though no doubt the repeated trials by manipulation served to loosen adhesions and rendered the traction successful. This was a case in which the violence was so slight that the patient belittled his injury and the doctor could not be certain of