shoulder and was unable to use the arm. When I saw him in consultation, the left arm was hanging by the side, the elbow slightly removed from the side and projecting somewhat backwards; the shoulder was swollen and the head of the bone could be felt below the coracoid, leaving a depression between the head of the humerus and the coracoid, into which the finger could be pressed. The joint was practically immobile, the patient not permitting the slightest movement.

The patient was anesthetised, and after some trials by manipulation which did not succeed, I made traction downwards in the line of the humerus, at the same time rotating the arm. I felt something give at the joint and the head of the bone slipped into its socket. I was able at once to put the arm and shoulder through a variety of movements, placing the hand on the top of the head and on the opposite shoulder, the joint moving freely, but with an occasional light crepitus, which was thought to be due to effusion. The arm was put up with a body bandage and the hand carried in a sling. In ten days I saw him again; while the arm is at rest there is not much pain, but he resents movement of the arm. The head of the bone appears to be in place and moves with the movements of the arm. Five days afterwards pain on motion is as great as ever; the swelling is subsiding. The shoulder joint is broader from before backwards than the other shoulder, and a prominence which moves with the arm is found posteriorly under the spine of the scapula. There is also a depression below the acromion, and a slight edge is felt, which is tender on palpation; the shoulder girth is greater than that of the other shoulder by one inch. The next day Dr. Peters was added to the consultation and found things as stated above.

This was doubtless a case of sub-coracoid luxation of the humerus with separation of the great tuberosity of the humerus, the latter injury concealed by the swelling which occurred soon after the injury. The luxation was reduced, and the crepitus which was occasionally detected on moving the arm was not due to effusion, but to the occasional contact of the fractured tuberosity, which was not discovered until absorption of the effusion and subsidence of the swelling allowed the separated fragments to become more distinctly palpable.

In January, 1900, I saw a lady about 45 years of age, stout in build, who stated that three months previously she fell and sustained an injury to the shoulder. A medical man saw her at the time and diagnosed a luxation of the shoulder and fracture of the neck of the scapula. At the time of her visit to me the movements of the joint were restricted and painful, especially abduction and rotation outwards. The shoulder preserves its natural roundness, and the head of the humerus appears to be in its normal position. The axis of the humerus is considerably deflected from the normal,