

incision was made as if for excision from the acromion down, and then it was seen that the tuberosities were filling the glenoid cavity and firmly fixed there by inflammatory adhesions. They were removed and some of the capsule cut away, and the bone came easily into position.

The ligature was now removed from the subclavian and the wound closed; the shoulder wound was sutured, and also the axillary incision, a small drain being placed at the lower end of the incision and dressings applied.

When he left the table the circulation had returned in the arm and his condition was good. Next day the tube was removed, and the man was sitting up and apparently feeling well; he had no pain and said he was much relieved.

The case went on well, the wounds healing by first intention. He was kept in hospital for some time in order to teach him how to use his muscles. His arm was manipulated daily after the second week, and before he went out on the 15th of May he had fair use of his arm, could feed himself, and the only movement which was difficult was raising the arm, the atrophy of the deltoid still existing. Patient came to hospital to report a month after his discharge, and his arm was much stronger and more useful.