

family quarrel five weeks before, he was knocked down and kicked in the shoulder and about the chest. He was semiconscious for twenty-four hours, and on recovery suffered from severe pain in the left shoulder and down the arm. The shoulder was fixed and his arm was useless. Thinking it was a "sprained" shoulder he applied liniments, but all to no purpose; the pain increased, and the slightest jar gave him intense agony, so he came to hospital for advice.

On examination it was found he had a dislocation of the humerus into the axilla, the muscles of the shoulder and arm were much atrophied, the deltoid especially so. The arm was firmly fixed, the slightest attempt at movement giving severe pain. The elbow stood out from the side and the acromion was prominent, the head of the bone could be felt under the coracoid process. He was advised to allow us to endeavor to reduce the dislocation under ether, and he consented.

The patient was placed under ether, and whilst the parts were being cleansed and I was washing my hands, my assistant made a few slight manipulations of the joint to see how fixed the bone was, when suddenly he called out to me that something had ruptured in the axilla. I quickly reached the patient and found the axilla immensely swollen and dusky in color, the arm swollen, cold, and no pulse to be felt at the wrist. I immediately surmised that a large blood-vessel had been ruptured; so at once cut down on the subclavian, passed a temporary catgut ligature around it over a piece of rubber tubing and then cut into the axilla, which was filled with blood-clot. This clot was turned out and the bleeding point sought for. It was soon seen that the axillary vein was ruptured near the point where the basilic is joined by the venæ comites; the vein was attached to the capsule, which was the seat of much inflammatory thickening. It was ligated above and below, and then the head of the bone and part of the shaft were seen projecting into the axilla, the shaft quite bare. On attempting to reduce the bone with one hand in the axilla, it was found to be quite impossible, and then it was noticed that the tuberosities had been torn away. After some further efforts it was decided to excise the head of the bone; and even after this was done the tissues still prevented a return of the shaft to its proper position. The capsule and tissues round about seemed to be a huge mass of inflammatory tissue; so now an