

perfect. He could put both hands behind his back ; but with the left he could touch the angle of the other scapula, whereas with the right he could only reach as high as the top of the sacrum. He also complained of some pain in the thumb and elbow of the right side, that on which the head of the bone had been removed ; while there was no uneasiness whatever on the left side, where the bone had been left intact. I should have been glad if this patient could have presented himself here this evening, but on inquiry I learn he has gone to America. His brother writes as follows : "In the absence of my brother, I beg to acknowledge the receipt of your letter of the 22nd inst. He sailed for America in June last, where he is working on a farm, and I am thankful to say is enjoying good health. After he came home he had several fits, neither of which appears to have hurt his shoulders ; but for some three months before he went, and since he has been abroad, they have not returned." That is a happy result, which I am afraid we can hardly attribute to our surgical procedures. "Before he went he had nearly gained full use of his arms and shoulders, the only difference being that he could not raise them in a horizontal position above the shoulder. By slightly bending his head and raising his hand from the elbow-joint he could brush his hair and remove his hat, and he tells us he thinks they still get a little stronger ; but from the fact that he is able to earn his living on the farm by very hard manual labor, the operation must be considered a grand success."

Now, gentlemen, it seems to me that the result of these two cases is encouraging to us to adopt a similar course in other cases of old subcoracoid dislocation of the shoulder. In the man who has presented himself before you the attachments of all the rotators to the tuberosities of the humerus were divided, and yet you saw that they had completely re-formed—rotation is perfect, both external and internal. And in the other patient, although the dislocation had been of so much longer standing, the use of the previously wasted rotators has been completely restored. I would advise that when the surgeon feels in doubt as to whether it is prudent to

make attempts at reduction, or when such attempts do not succeed, he should in the first place cut down upon the bone by the usual incision, from the coracoid process downwards and a little outwards, and then with a curved periosteum-detacher freely separate the soft parts from the inner side of the upper end of the humerus. You will then be sure that no damage will be done to the axillary vessels in any manipulations that you may make. In many cases you will doubtless succeed by this means ; but if this fails, then these instances show that you may proceed to turn out the head of the bone, detaching the insertions of the rotator muscles ; and then in all probability you will be able to effect reduction, and after reduction you will have a thoroughly useful limb. Should even this procedure fail, removal of the head of the bone remains open to us, with promise of a good, though inferior, result.

Mr. President, I have hitherto felt considerable hesitation in publishing cases in which the safety and success of an operation are essentially dependent upon strict antiseptic management ; and my principal efforts for some years past have been directed to an endeavor to procure, if possible, greater simplicity and at the same time greater efficacy in our antiseptic methods. At a recent meeting of the Medical Society I brought forward a kind of dressing which I believe will prove more satisfactory than any which has been hitherto employed. For the successful antiseptic treatment of a wound two essential points are of course necessary. In the first place, we should proceed so as to leave nothing septic in the wound before we apply the dressing, and in the second place we should put on such a dressing as we can thoroughly trust to keep out septic mischief until that dressing shall be changed. I had intended to bring before you this evening some points with regard to the former of these objects—the means by which the wound can be kept aseptic till the conclusion of the operation ; but since the communication that I made to the Medical Society, I have been led to make further investigation into some matters regarding the use of the materials I then described, which seem to me of sufficient importance and interest to