

though within the abdominal cavity, *i.e.*, the tendon occupies the free margin of a reflection of the synovial membrane of the joint. It is the main flexor and supinator of the forearm, and harmonizes the action of the two joints (shoulder and elbow), and, at the same time, passing as it does over the head of the bone, prevents it from being displaced or pushed up against the overhanging arch in extension of the arm.

Landmarks.—The landmark for the *shoulder joint* is a line drawn from the acromion to the coracoid process, and continued around to the lower margin of the head, as felt in the axilla, the arm hanging by the side, palm to the front, and the guide to the situation of the *head* of the bone is the internal condyle which points in the same direction as the head. This fact is of assistance in the recognition of the situation of the head of the bone in dislocation at the shoulder joint. The landmark for the *bicipital groove* is the upper part of a line drawn up the middle of the front of the arm, when the latter hangs by the side, palm to the front, and the *lower limit* of the *synovial membrane* surrounding the biceps tendon will correspond to where the anterior border of the deltoid crosses this line. This groove may be readily felt by pressing on the front surface of the head of the bone and at the same time rotating the humerus. When the tendon of the biceps, occupying the groove, reaches the head of the humerus (following the tendon from below, upwards), it turns inwards to arrive at the glenoid rim, and this latter part of the tendon corresponds to the middle of the coraco-acromial ligament, which lies between the coracoid and the acromion processes.

Synovitis.—In inflammation of the shoulder joint, *i.e.*, synovitis, the arm is somewhat extended, drawn backwards, and rotated, slightly, inwards. This position may