

Within the last few weeks, I have heard from his sister that he was attacked during the winter with inflammation in the bowels, and died after a short illness.

I am sorry that I had not an opportunity of examining the shoulder. It would have been interesting to ascertain the exact condition of the tendons of the scapular muscles, and those of the biceps, triceps, coracobrachialis, pectoralis minor, pectoralis major, and latissimus dorsi.

In the method of operating, I proposed following the plan of Malgaigne, who makes a flap of the deltoid, including the capsular ligament, in the same sweep of the knife; and I also intended to follow the precept of O'Bierne—to get into the cavity of the joint, by running the scalpel up the bicipital groove, taking the long head of the biceps as a guide. I do not know if I am correct in assigning this suggestion to O'Bierne, but it was from him I learned it, and I have found it an easy, expeditious and quick method of getting into the joint, and it does not involve the division of the tendon of the biceps, until necessity demands the performance of this step of the operation.

I had, at the same time, two other cases of disease of the shoulder joint in the hospital. One of them afforded a strong contrast to that just detailed. The patient was a delicate scrofulous young man. In him, the disease had been of several years standing, and instead of an increase in size, the prominence of the shoulder was gone, and the outline of the humerus and the acromion and coracoid processes could be plainly seen and easily felt; and the arm and forearm were much atrophied. Two sinuses in the front of the joint led down to bare bone in the vicinity of the surgical neck of the humerus, but as he suffered very little, and had regained considerable use of the limb, and as his general health was daily improving, I looked upon the case as one in which nature was making an attempt to produce ankylosis, and consequently did not consider myself justified in interrupting that process by surgical interference. The other case was that of a stout, middle-aged woman, who had received a severe injury of the left shoulder six months before, which had been followed by acute inflammation, ending in false ankylosis. The arm was fixed to the side, and she could not make any attempt to separate the elbow from the side, or to raise the hand to the head. It was my intention to have administered chloroform and to have broken up the adhesions; but whilst examining the joint, she accidentally slipped off the chair upon which she was sitting, and, in my efforts to keep her from falling, I jerked the arm up, whilst her great weight carried the body and scapula downwards; a loud crackling noise was heard, and the motions that I had intended communicating to