

improvement in this respect going on, so that he could lift, for instance, a key from the top of a clock for the purpose of winding it up, which he could not do a few months ago.]

This, gentelman, was the first case of double dislocation of the shoulder that I happened to have seen, and strangely enough before this man left the hospital another example of the same thing made its appearance, due to a very different cause.

Charles D—, twenty-three years of age, was admitted into King's College Hospital on July 26th 1887. Seven months before his admission the patient, who was an epileptic, dislocated both shoulders in an epileptic fit. He was sent to my colleague, Dr. Ferrier, with a view to the treatment of his epilepsy. Dr. Ferrier, however, found that there was not much that he could do for him, but thought it possible that I might be able to help him with regard to the state of the shoulders. Both humeri were found to have been dislocated in the subcoracoid position. There was considerable movement of the limbs due to the fact that the scapulæ moved with extraordinary freedom along with the humeri. Nevertheless he was in a pitiable condition. He could not dress himself, he could not put his hands to the gluteal region, and I need not say what a state of miserable dependence that fact implied. The muscles, especially those of rotation, were extremely atrophied. There were remarkable hollows above and below the spines of the scapulæ; so much so that some medical men who saw him doubted whether such extreme atrophy of the muscles could be explained by mere disuse. Encouraged by the case you have just seen, I determined to attempt to relieve him by operation. On July 29th I operated on the left shoulder in the same manner as on the former patient. The soft part having been completely detached, from the upper end of the humerus, the pulleys were applied, when the head of the bone returned into position at the first attempt. As regards the after progress I need not go into details. Passive motion was begun thirteen days after the operation, but we found in this case that there was a remarkable

tendency to the occurrence of adhesions, making movements extremely difficult. We put him twice under chloroform, and moved the limb under the anæsthetic. The wound healed in six weeks without any suppuration, except from the surface of the granulations; but the recovery of power was so extremely slow that for a while I feared that no good would result from what we had done. In course of time, however, under the influence of passive movement and massage, together with galvanism, he improved so much that at length he besought me to operate upon the other side also. He could now dress himself, and he was no longer in the state of miserable dependence to which I before referred. He could also lie upon that side, a thing which he could not do before the operation, and he wished that the other limb should be as favorably circumstanced.

But six months more had elapsed after the first operation, and the result of that procedure, although distinctly successful, had not hitherto been by any means brilliant, and I decided that in this case instead of detaching the soft parts from the end of the humerus, and attempting reduction, I would merely cut down upon the head of the bone and remove it piecemeal by chisel and hammer without disturbance of the attachments of the external rotators. For a study of the skeleton with the humerus in the subcoracoid position had shown me that the removal of the articular portion, without interfering with the tuberosities, would allow the bone to drop back into relation with the glenoid cavity. This was done on Jan. 27th, 1888, and the immediate result entirely answered my expectations. The bone went readily into its place, as I anticipated, and, the wound following the usual aseptic course, the recovery of movement was in the first instance much more rapid than it had been on the other side; and on March 22nd he was in a condition to leave the hospital. I afterwards had reason to regret that I had not followed the same course on the right side as on the left. On June 12th, 1888, he came to show himself; both arms were continuing to improve in strength, but the left was now considerably stronger than the right, and its movements more