

practice in my opinion, not followed out as frequently as it might be. The fact is, the question in such cases usually resolves itself into two parts; Is it a case for amputation or not? and if not, the knife is frequently laid aside altogether, when it might be used with the best results, in the removal of broken splinters, &c.; again, cases requiring such operations are rarely presented to the surgeon during his career as a student; these with other causes unnecessary to mention, operate, too frequently, in the prevention of a practice all necessary, and without which conservative surgery has not a fair chance of success.

The following case exhibits an example of injury to the shoulder-joint, in which recovery has taken place, the limb being preserved without an operation. One or two persons who saw the case a short time after the injury, expressed a doubt as to whether the articulation had suffered, but having afterwards treated the case myself during the man's return to England, and whilst in the hospital at Portsmouth. I became satisfied that the joint had been implicated in the original injury.

*Case.*—Sergeant Seymour, 23rd Regiment, a young and previously healthy soldier, was wounded at the final attack on the Great Redan, on the 8th of Sept., 1855, by a musket ball, which entering anteriorly, on a line with the attachment of the capsular ligament of the shoulder joint to the humerus, passed downwards and backwards, sweeping through the lateral and dorsal aspect of the arm, about two inches lower down than the point of entrance. After a careful examination, some doubt being entertained as to whether the joint was implicated, it was decided not to amputate; several splinters of bone were extracted, and the limb being placed in a suitable position, properly supported, and kept covered with a cold dressing, the case was left to develop itself. Considerable local inflammation ensued, followed by profuse suppuration; large sinuses formed posteriorly and anteriorly around the joint, and several long and ragged splinters of bone were removed, but no attempt at reparation of the injury done to the bone was set up during the man's stay in camp, from whence he was not removed until the 15th of January, 1855. I had this man afterwards under my charge, in the Hospital Transport, Great Tasmania, whilst returning invalided to England, and subsequently in the Hospital at Portsmouth; during this period I made frequent incisions down to the bone in the course of the sinuses, and extracted a considerable number of long and ragged pieces of bone, which from their length and aspect, evidently formed a portion of that part of the humerus entering into the formation of the shoulder joint. I continued this practice until no more dead bone could be detected, but little or no improvement took place; nor did the sinuses tend to heal until towards