

the exact nature of the lesion until after the subsidence of the swelling.

On the other hand, a month or two ago, I saw a stoutly-built girl, ten years of age, who fell head downwards twenty feet, striking a hardwood floor, alighting on her head and shoulders. She was rendered unconscious for a while, but recovered and complained of pain in her head and shoulder. She bled from the nose and vomited blood. She relapsed into unconsciousness, which gradually deepened into a semi-comatose state. The next day she could be partially roused, could retain nothing on her stomach, and vomited frequently; the bleeding had ceased. She complained when the left shoulder was moved or handled. The shoulder was swollen, the clavicle intact. The bony parts about the shoulder were apparently in their normal relations. In her semi-conscious condition I manipulated the arm in all directions without difficulty, placing the hand on her head and with the hand on her opposite shoulder, bringing the elbow to the side, etc. In five or six days when consciousness had completely returned and nausea and vomiting had passed away, she complained of pain in the shoulder. I again manipulated the arm freely, eliciting objections on account of pain, but the movements were otherwise unobstructed beyond this natural resistance. She left the city, and I heard that after her arrival at home she had a convulsion and that the medical man who attended her said that the head of the bone was three inches out of position. This latter is only hearsay. I have had no communication directly with the medical man, nor with the girl's friends since she left the city. I am thoroughly convinced that on her departure from the city she had no luxation of the humerus, and can only conclude that the muscular actions during the convulsion, acting on the joint weakened by the contusion and perhaps by rupture of ligaments, were sufficient to cause the dislocation found by the second medical attendant.

A rare form of fracture was seen with Dr. Wallace. A laboring man fell on the floor; he complained of pain about the shoulder, but the movements were not greatly restricted except inasmuch as they produced pain. The displacement was curious. The clavicle and end of the acromion stood out prominently as a sharp, distinct edge of bone. The separated point of the acromion dropped downward, leaving a deep furrow between the clavicular end of the acromion and its tip. On raising the humerus directly upwards with the hand under the flexed elbow, the deformity was almost completely removed, and by manipulation in this position crepitus could be elicited. The head of the bone did not leave the glenoid cavity, but on removing the support from beneath the elbow, the head and glenoid cavity came down together, the scapula apparently tipping downwards. As the lifting the arm up seemed to relieve the deformity, I endeavored to keep it in this position by