

climbed up one, fell a distance of forty feet on his outstretched arms, producing subcoracoid luxation of both shoulders. The dislocations remained unreduced, and eight weeks after the accident he was sent to King's College Hospital for relief. On admission both limbs presented the usual characters of subcoracoid dislocation. He was in a very helpless state, unable to dress himself, with the arms almost fixed in a slightly abducted position, and rotation very limited, particularly on the right side. He occasionally experienced numbness and venous congestion in the hands and arms. After considering for a few days what course it would be best to adopt, I proceeded on June 13th, nine weeks and a half after the accident, to operate on the left side in the following manner. Having made an incision from the coracoid process downwards and somewhat outwards in the interval between the deltoid and the pectoralis major, I divided the tendon of the subscapularis muscle at its insertion, and then with a periosteum-detacher proceeded to separate the soft parts from the head of the bone and the inner part of its neck. This having been done, so as to make sure that the vessels were entirely detached from the bone, I applied the pulleys in a manner which I need not describe in detail. As the pulleys dragged on the humerus, some fibrous bands were felt to be put on the stretch, and these were divided. The head of the bone still refusing to return to its normal position, the bone was more completely cleared, and the pulleys were again applied. This failing, the head of the bone was protruded through the wound as if for its resection, the external rotators being cut through at their insertions; after which the pulleys were again employed, the direction of the traction being altered from time to time by changing the position of the operating table. The pulleys were then suddenly relaxed by pulling on a slip-knot arranged for the purpose, and at the same moment rotation outwards and adduction of the limb were performed. The head of the humerus was thus brought nearer to the glenoid cavity; it went still nearer on a second attempt of the same description, and at a third the head of the bone slipped into its normal

place. I need not describe the patient's progress during the first few days further than to say that all went on favorably as regards the state of the wound and his general condition. Such being the case, on the following week I proceeded to operate on the other shoulder in a similar manner, except that, guided by our experience on the left side, I here at once protruded the head of the bone, dividing the attachments of all the rotators. In this instance, at the second attempt, the pulleys drew the bone into its proper position. The wound on this side, as on the other, remained without disturbance. On Aug. 3rd the patient put on his coat and waistcoat unaided for the first time after the accident. The movements were continually improving. There was never any suppuration from within, either on the right side or on the left; but the passive motion which we maintained seemed to keep up a serous oozing from the interior, and it was nearly two months before the wound on the right side was perfectly cicatrised. On Aug. 22nd, the day after healing was complete, the patient was discharged. On Nov. 2nd, two months later, he came to the hospital for inspection. The arms could then be raised to a right angle with only slight movement of the scapula; and rotation was much improved. Some stiffness of the upper arms in the region of the biceps was observed, more marked on the right side than on the left; other movements were normal. Of his present condition you will be able to judge for yourselves as he has kindly given us the opportunity of seeing him here this evening. [*The patient was now introduced.*] You see that the shoulders have their natural rounded form. You are aware of course, that the rounded form of the shoulder depends partly on the head of the bone being in its proper place, and partly on the deltoid having its due development. Here we have on each side a massive deltoid over the bone *in situ*. [The patient stated that he could do any hard agricultural work as well as ever. He exhibited all the natural movements of the arms in their normal degree, except elevation of the limb, which he could not do far above the horizontal level. He said, however, that he still found an