tion, and any attempt to correct it by forcible manipulation was not only painful, but entirely devoid of even temporary improvement, giving marked evidence of the matting together of the structures of the forearm. Sensations of heat and cold, muscular sense, and tactile sense were lost, except in the index and little fingers, and here they were imperfect and slow.

The hand was colder than its fellow in all probability showing vaso-motor interference.

Diagnosis: Ischemic atrophy due to tight splinting.

Advice: Operation.

Prognosis: Increased usefulness of arm.

Operation: Having applied an Esmarch bandage, an incision was made along the inner border of the biceps for the purpose of exposing the seat of fracture of the humerus and liberating any osseous or connective tissue adhesions which might have formed around the ulnar or median nerve, and at the same time to determine what damage, if any, had been done to these latter structures. On exposing these nerves, they were found to be normal in appearance, and the bone well united. A second incision was made along the outer surface of the arm, exposing the musculo-spiral nerve, which was thickened and bulbous. These incisions having been closed, the first incision was continued down the forearm and well into the palm. The flexor tendons, having been identified, were individually treated in the following manner: A longitudinal incision, four or five inches long, was made in each muscle and its tendon, cutting across one-half of the tendon from its continuity below, and then transversely severing the muscular portion of the other half above. These corresponding musculo-tendon halves were then temporarily united with fine catgut to maintain their identity. A similar procedure was followed on all the other flexors of the wrist and hand. They were then securely sutured in the extended position by means of three interrupted sutures in each musculo-tendinous structure. Although the wrist and hand were thus liberated, full extension was not possible until the nerves were separated from their surrounding adhesions. The median was atrophied to less than half its normal diameter,