

patient was sufficiently recovered to return to his home. During his stay in the hospital his arm was dressed frequently and under passive motion slowly improved.

1. The wound healed by first intention.
2. Fingers easily straightened passively and almost to a complete degree voluntarily.
3. Can hold fingers completely shut passively, and has considerable flexor power.

BERTT, Ia., Nov. 28th, 1905.

Dr. A. H. Ferguson,
Chicago, Ill.

Dear Sir,—We send you by this mail two photographs of Bruce's hand, the best we can do. "He can straighten the fingers and can close them slightly only. He can hold the hand shut by using the thumb after he has shut it with the other hand. He uses the hand to write and do his school-work, but we do not think he has got as much use of it as you expected, still we think it is gaining all the time."

Yours very truly,

M. E. TALCOTT.

Case II.—Mary H., aged 12 years, weight 80 pounds. Entered Chicago Hospital, November 5, 1904, with the following history, in part, viz.: Ten weeks previously the left humerus was fractured at the junction of the lower and middle thirds. The fragments were soon placed in apposition, and tight splints were bandaged on the entire arm and forearm, and left in this position for seven weeks.

Examination revealed a scar, one-half inch wide and three inches long, extending from the front around to the posterior surface of the arm, three inches above the left elbow joint. The elbow joint was stiff and tender, and even moderate flexion impossible. There was a deformity at the wrist and hand consisting of marked flexion. The proximal phalanges were fully extended, and the two distal segments of the phalanges completely flexed. The forearm showed great atrophy, this being more marked in the region of the flexor bellies. She was unable of herself to adjust this malposi-