it may be made in almost as little time as I have taken up in the description; and, so far as my experience goes, it fulfils every requirement.

No amount of care will prevent some stiffness of the wrist and fingers; but, as the extensor tendons are much nearer the radius than the flexors, and, therefore, in the region of provisional callus, I am fully persuaded that rigidity is due more to the former than the latter, and that passive movements of the fingers are often deferred too long. I do not hesitate to employ them as early as at the end of the first week; and, should fibrinous effusion take place into the tendinous sheaths, it is well that motion should anticipate its organization.

It is to be taken for granted that the wrist is to remain at rest until fair union is secured, and that more or less permanent anchylosis is to be looked for should there be cleavage into the radio-carpal articulation.

The splint which I present for ocular demonstration was hurriedly made this evening, and, therefore, will not strike one as the work of a Phidias; but it will answer the purpose as well as though it were shining with polish to suit the æsthetic tendency of those who are able and willing to pay for the artistic.

Clinical Notes.

A Case of Infantile Spinal Paralysis, with Severe Resulting Deformities.

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J. M——, age 25 years, suffered from myelitis of the anterior horns when he was five years old. He was very kindly referred to me in the autumn of 1894 by Dr. Geikie. There was very severe talipes equino-varus of the right foot and about three inches of knock-knee of the same limb (that is to say, there was an interval of three inches between the internal malleoli when the internal condyles touched each other). This state of affairs is seen in Photos 1 and 2. Every muscle on the front of the leg and foot seemed to have been permanently paralyzed, although it is quite possible that some of them, especially the short dorsal muscles of the foot, may not have been involved originally, but had just suffered atrophy from disease, as three weeks after the foot was rectified he was able to flex and extend some of the toes. The inversion and flexion of the foot were so great that he walked on the ends of the tibia and outer side of the