bones; the deeper soft parts were firm, hard and immovable. The circumference of the forearm was less than that of its fellow by about one-third.

(d) Paralysis. The hand was paralyzed as to motion, although the muscles responded to irritation and electricity near the elbow at the points where they were applied. When electricity was applied to the extensor muscles of the hand, no extension ensued of either wrist or fingers. Sensation of the fingers and hand was rather increased. Sensations of heat and cold were normal.

(e) Loss of function. The hand was useless for ordinary purposes.

History: Four years previously the patient had both bones of right forearm broken at the middle, which, when set, was put up with fingers flexed and bandages tight. When the splints were removed, seven weeks afterwards, and the condition of the limb discovered, he was brought to an eminent Chicago surgeon, who stretched the fingers, giving some improvement but no cure.

Diagnosis: Ischemic atrophy of flexor muscles due to pressure.

Advice: Operation.

Prognosis: Increased usefulness of arm.

Operation: An Esmarch bandage was applied in proper manner for the case. A long curved incision was made on flexor surface of forearm. All the muscles and tendons were found matted together by fibrous tissue. These were separated from each other, and the ulnar and median nerves were disengaged and stretched. Muscle-tendon splicing was done on all the flexors, in order that the lengthened tendons would permit of the extension of the fingers. The cavity of the wound was filled with sterilized olive oil around the tendons and nerves. Capillary drainage inserted; wound closed, and hand placed in hyper-extended position; held there by splints.

The operation consumed an hour and five minutes, under chloroform. The patient behaved well and reacted properly. Upon exposing the muscles and tendons their small size was