again the result was excellent. The third patient was a boy, aged 15 who came complaining of pain in the knee. Six months previously he had hurt his hip and as a consequence was off work for two weeks. On examination there was an apparent shortening of three inches, and an actual decrease of three-eights of an inch in length due to a separated epiphysis, secondary to injury, with function restored. Dr. Wright also showed an X-ray from a man suffering from osteoarthritis of the hip, and another of loose bodies in the hip joint. Ninety had been removed in all. Their origin was not made out, Dr. Warner Jones suggesting that calcified pieces of cartilage might account for their demonstration by the rays.

ERB'S PARALYSIS.

Dr. George Wilson presented a patient suffering from Erb's paralysis. A workman, 39 years of age, had his left shoulder dislocated six weeks ago. It was the ordinary subcoracoid variety and was reduced by his physician soon afterwards. At present his condition was as follows: He has marked wasting of the deltoid, supra and infraspinati, with some involvement of the biceps. There is no disturbance of sensation whatever. In addition, he has a fibro-lipoma, four inches in diameter, over the spring of the left scapula.

The distribution of the paralysis, with no sensory changes, at once indicates the nature of the lesion. Were the circumflex nerve involved there would be some sensory loss on the outer side of the arm just below the joint. Now it is known that the fifth anterior primary division is peculiar in that it resembles a peripheral nerve just above where a branch comes off. In other words, the fibres going to certain muscle groups are segregated, so that it is possible to injure by stretching one division without much disturbance in the others. In this instance, the upper and middle divisions are mainly involved, the lower having largely escaped. In diagnosing a complete from an incomplete division, one must wait for ten days and then test his electrical reactions. To the faradic current there is no response whatever in the paralyzed muscles. With the galvanic, the contraction is much feebler than on the sound side and is worm-like. Moreover, A.C.C. is distinctly greater than K.C.C. In other words he has the reactions of degeneration and indicate that the upper fibres have been devided. The treatment consists in exposing the upper part of the brachial plexus, removing the scar tissue and uniting the ends, or, if this be impossible, dividing six, which supplies no muscle in its entirety, and uniting the proximal end.

Dr. Julian Loudon said he had a case something similar to Dr. Wilson's, but his case was one of incomplete division of the nerve trunk. He treated it by simply putting the arm up in a sling in order to take