the integuments, and as it could not be reduced, it was sawed off. The patient, a boy, recovered the full use of his arm."—(Evans' Pract. Obs. on Fracture, Comp. Disloc., etc.)

Sir Astley Cooper gives a case in the words of the dresser, Mr. Samuel White, in which "the condyles of the humerus were thrown inwards through the skin: the articulating surface receiving the sigmoid cavity of the ulna being completely exposed to view; the ulna was dislocated backwards, and the radius outwards; the lateral and capsular ligaments were torn asunder, with extensive laceration of the parts about the joint, but the artery and nerve remained perfectly free from injury." The displacement was remedied, the wound in the soft parts properly dressed, a splint of pastboard was applied, securing the arm in a semi-flexed position. On the third day v. s. to the extent of ten ounces was performed, and the boy, aged 13, made a good recovery in less than two months.

In the *Medical Times and Gazette*, July 5th, 1856, a case is reported of a boy aged 12 years, under the care of Mr. Curling: the lower end of the humerus was found to be protruding to the extent of three inches through a crescentic wound of about two inches in length on the inner side of the elbow. The olecranon and head of the radius are very prominent backwards and outwards. There is great injury of the soft parts; through the wound the biceps and brachialis anticus appear lacerated, and the median and external cutaneous nerves are stretched tightly over the anterior surface of the protruded bone, but are not torn," The dislocation being reduced a well padded angular splint was applied, the wound united by suture and wet lint applied, etc. Destructive inflammation resulting in exfoliation of about half an inch square of the external condyle ensued, and the boy recovered in about three months with a very limited amount of motion in the joint.

At the Salford Royal Hospital, under the care of Mr. Windsor, a boy aged 14, on 18th March, 1856, was admitted. "In front of the left elbow, joint there is a nearly transverse wound, through which the whole of the inferior extremity of the humerus has protruded; for about two inches of its extent, the median nerve is exposed, and thrown forwards by the humerus, on which it rests; the brachial artery is exposed to the extent of half an inch, and is felt pulsating on the inner side of the wound: there is no hæmorrhage at present. The forearm is somewhat swelled and echymosed; both the radius and ulna are fractured near their middle, (simple fracture.") The projecting portion of the humerus was sawn off, the sharp edges rounded and reduction effected. Recovery took place in about two months.

These cases leave an ambiguity greater even than usual; as to the practice to be deduced from them, two recovered without loss of bony tissue, and two recovered with. I am led to surmise that there is so little self-gratulation in the management of such cases, that few men have experienced any desire to publish results so far from brilliant. I am also inclined to believe that so much injury to nerve tissue occurs, that severe constitutional shock or tetanus is more likely to follow compound dislocation of the elbow than in the majority of compound dislocations. In most other joints the most formidable consequences consist in the pathological changes of the synovial membrance, ulceration of cartilage, pyæmia, etc.

In compound dislocation of the elbow the protruding bone is usually the humerus; there is first laceration of the integuments of the front and inner side of the joint. Second; the fibres of the brachialis anticus and the tendon of the biceps. Third; the two lateral ligaments and the capsule of the joint. There may be also injury to a greater or less degree to the following important parts:—The broad ligament from the forepart of the humerus to the coronoid process and orbicular ligament, the musculo-cutaneous and median nerves, the brachial artery and veins. Externally there will be placed upon the stretch the supinator longus, the extensor carpi radialis longior, the musculo-spiral nerve and recurrent radial artery; the ulnar nerve in relation with the internal lateral ligament, and the posterior ligament, connecting the back of the humerus between the condyles with the base of the olecranon. The synovial membrane is also extensively reflected upon the other ligaments and surrounds the head of the radius, forming an articulating sac between it and the lesser sigmoid notch.

Druitt recommends generally that compound