may be done in this condition by systematic treatment. She was from near Richmond, Quebec, and had not had the use of her right hand since last May. The attack had come on with great pain, and Dr. Osler, under whose care she is, inclines to attribute it to a rheumatic neuritis as she shews no sign of lead poisoning, and had not received an injury. She had massage twice daily, electricity once a day, no internal medication. After three weeks treatment she began to improve, and can now extend the wrist and the hand almost as well as the other one.

In the Men's Ward, the cases are chiefly spinal; thus bed I. spastic paralysis from spinal injury. Bed II. amyotrophic lateral sclerosis, the condition in which wasting of the muscles, with spasms, and the characteristic symptoms. Bed IV. a patient with transvesre myelitis and spastic paraplegia. Rest in bed for a week greatly relieved the pains, and diminished to a remarkable extent the exaggerated reflexes, the ankle-clonus having disappeared.

A remarkable instance of the terminal stage of pseudo-hypertrophic muscular paralysis was seen in the Boys' Ward, in a lad of eleven, who had lost power completely in the legs and thighs from atrophy, following the pseudo-hypertrophy, while the arms were still large, and the cheeks very prominent from involvement of the masseters.

One of the most interesting features of the hospital is the laboratory, which Dr. Mitchell has equipped for the special purpose of studying disorganized muscle and nerve functions. He is at present engaged in a research on the ankle clonus. He has already published several papers on the physiological and pathological significance of the knee-joint.

INGERSOLL OLMSTED, M.B.

OUR NEW YORK LETTER.

From our Own Correspondent

NEW YORK, May 24th, 1888.

The treatment of fractures of lower end of the humerus, as treated largely in New York, may not prove uninteresting to many of your readers. Chambers Street Hospital is situated in the busiest part of the city, and is intended for the treatment of all kinds of accidents, fractures, wounds, and, in fact, all sorts of emergency cases. They treat from 150 to 300 cases a day, which is probably more than that of any other three or four hospitals in the city, *i. e.*, as regards this class of cases. Their method of treating fractures of the humerus about the elbow-joint—whether the fracture be that of either of the condyles, epicondyles, transverse, T-shaped, or oblique fracture, and involving the elbow-joint—is about as follows, as detailed by Dr. Powers, the Resident Surgeon, in charge, at the Academy of Medicine, the other evening:—In all these cases the treatment was substantially the same. A diagnosis is first made, if possible, without the aid of an anæsthetic, but if it cannot be made positively, or if there be much pain, then the patient is etherized, and the diagnosis made. The forearm is then flexed to about a right angle, and midway between pronation and supination, cotton is wrapped about the arm and forearm, and a good deal about the elbow, a flannel roller loosely applied, and over this the plaster of Paris, by means of a roller, the dressing extending from a little above the wrist to the upper part of the humerus. The dressing should be stronger, thicker posteriorly than anteriorly, on account of the weight. After the hardening, which will be in a few minutes, it is put in a sling. If there be any error at all in applying the plaster it should be on the side of being too loose, rather than tight. If too tight, as manifested by the pain and appearance of the hand, it will of course have to be taken off and re-applied. This dressing is left on ten days, when it is taken off to see that everything is all right, and if so and the fragment in place, the same kind of dressing is re applied and again removed in eighteen days, or the twenty-eighth day after the fracture. By this time the fracture will have firmly united. The patient is now instructed to poultice the elbow frequently—the oftener the better. The arm is to be used actively—not passively. In children the opposite arm is confined, at first at nights, and later altogether in order to give the other elbow more to do. The joint functions are soon established up to the normal standard. Dr. Powers reported 50 cases, of which 33 recovered with a perfect result—absolutely no deformity or impairment of motion. In seven extension was to about 170°, and with a prospect of soon reaching the normal with no deformity In four a very slight deformity of external condyle, but good motions. In one, anchylosis—the frac-