This I propose to do with regard to a method of reducing backward dislocations of the *elbow joint*, which has proved far more simple and easy than any of the methods now in use or at present recommended.

My attention was first called to this while reflecting upon the great simplification made in the reduction of dislocations of the *hip joint* by Dr. W. W. Reed, of Rochester, N. Y., at so late a date as 1851. So important improvement as this to be made after thousands of as eminent surgeons as will ever adorn the profession, had failed to discover it, was enough to cause inquiry, whether other joints had not been equally neglected.

Laying aside all knowledge of reduction of the elbow joint in the backward direction, and taking the anatomical structure of this joint into account, I was forcibly struck with the case with which this dislocation could be produced, by the hand becoming fixed, and then flexing the arm in the wrong or backward direction. This I had always noticed was the position patients would give as the one the arm was in when it was dislocated.

I found, as every one will, that by simply placing the bones in the position of this injury, and then commencing to flex the arm in the backward direction, while the fore-arm is pulled slightly forward, the olecranon process is caused to glide directly along the posterior flat surface of the humerus, until it arrives at the olecranon fossa, when the reduction is accomplished by simply flexing the arm forward into its normal position.

Within the past four months I have reduced three cases by this method. The mode of manipulation is as follows, viz: The wrist is clasped by one hand while the other is placed back of the elbow, and the effort made to flex the arm in the wrong or backward direction, at the same time moderately pulling upon the wrist, when the bones are found readily to resume their normal position; the work being accomplished in far less time than it can be described.

By this method the coronoid process is not drawn directly into the olecranon depression, as it is by pulling in the straight line as sometimes recommended, but is lifted out of, or over it, with no more strain upon the ligaments than is required to let it pass out of its normal place.— Detroit Review of Medicine.