practised daily, he could only bend the arm to an angle of 140 degrees.

On the 30th of July, nearly twelve weeks after the accident, Dr. Radford kindly administered chloroform, and we broke up the adhesions by forcible flexion, bringing the arm to a little less than a right angle. More could not be done with safety. Passive motion was of course continued; the result was that the boy has a very useful arm, flexing to a right angle—with full pronation and supination. Owing probably, however, to the elongation of the olecranon, he could never fully extend the arm after the forcible flexion under chloroform.

Case II. On the 4th of June, 1885, Mrs. R.'s little boy, aged 21 months, fell off a table, injuring his right elbow. Owing to my absence from home, I did not see him until the 7th. By this time the joint was very much swollen; the child was feverish and crying with pain. It was very difficult to tell the exact nature of the injury; still, there was soft crepitus, and I thought the head of the radius was thrown forward. The limb was extended fully, with coaptation; well padded pasteboard splints applied, the full length of the arm, and retained in position by a starch bandage. The child was placed in his crib and arm extended on a pillow; all pain subsided. A week later I removed the splints; the swelling had gone, the radius was *in situ*, and bringing the arm to a right angle, a starch bandage was applied for another fortnight. The child trotted about quite contentedly and fully recovered.

Case III. On August 10th, 1885, Mr. C.'s son, a stout little fellow, aged 5 years, fell some distance, upon his elbow. I saw him in less than half an hour; there was fracture at the epiphyses of the condyles. This was very distinctly marked; the whole elbow projected backwards, and being replaced by extension, slipped back again the minute the arm was released. The head of the radius was also thrown out to the front. There was a good deal of external bruising, but no laceration of the flesh. The boy had a full, soft, fleshy arm; and it seemed to me almost impossible to insure the retention of the head of the radius, together with the fractured humerus, by means of the angular splint. Coaptation, together with extension, reduced the head simultaneously with the severed condyles. Extension was kept up while the long pasteboard splints and starch bandage were applied —this, too, with moderate tightness, to prevent the segments of the humerus from slipping upon each other. A few hours later, I loosened the bandages somewhat, by snipping the upper and lower ends for a short distance. There was no discoloration of the hand and very little pain; the splints were not removed for two weeks. When examined, the head of the radius was in position and the humerus had united at the epiphyses. There was a good deal of ecchymosis all round the joint, but no tenderness on pressure. The arm was bent to a right angle and an appropriate splint applied for another two weeks, resulting in perfect cure.

Case IV. On January 18th, 1886, a medical friend sent for me in consultation. A Mr. G.'s son, aged 10 years, had fallen on the ice on New Year's day, injuring his elbow. There was a good deal of swelling about the joint when the doctor saw him, coupled with deformity and obscure crepitation. He diagnosed separation of the epiphyses and displaced radius forwards. He reduced the arm and put on the orthodox angular splint; the patient apparently did well. On examining him, however, in the office that morning, he found the head of the radius dislocated forwards. The forearm could not be extended fully, neither would it permit of being brought to a right angle. We administered chloroform and then put on full extension. The head of the radius was pressed, without much difficulty, into its natural place and one of us holding it in position, the other bent the forearm to an acute angle, thus effectually preventing the head of the radius from again slipping forward. The arm was bound in position, and kept there for a week or two, resulting in perfect recovery. It is by the kindness of the attending physician that I am permitted to report this case.

Case V. On September 24th, 1886, the son of Mr. H., aged 9 years, fell from a grocery waggon, alighting on his elbow, and resulting in separation of the shaft of the humerus at the epiphyses; radius was *in situ*. Believing from past experience that the long splint was best and safest, I applied my ordinary pasteboard with starch bandage, thus securing immobility. After the first day or two, the boy was allowed to walk about, hanging his arm by his side. In two weeks I dressed it again, with angular splint, and in due course recovery was perfect.