

while the semi-circular steel band afforded the lower *point d'appui*.

Subsequently large portions of the elbow splints had to be removed at the edges and under the elbow, in order to allow irrigation and the application of iodoform dressings. Extensive sloughing over internal condyle and olecranon ensued, and the destruction of osseous and soft parts was so great, as to allow the carbolyzed solution free passage from the site of the original wound through the posterior and inferior openings.

I was ably seconded in the attendance and subsequent dressings of the limb by Dr. Carbert and his son, to whose faithful services the saving of the member was in a great measure owing. The patient was ill-nourished, of a scrofulous diathesis and situated in the midst of most unfavorable surroundings. Owing to these circumstances the prognosis was for a long period doubtful, and amputation was seriously discussed more than once. However, by strict attention to the sinuses and a proper course of constitutional treatment, the condition of the parts warranted the removal of the splints in five weeks from the date of injury. Passive motion was then attempted, but the patient, who had all along proved incorrigible, would not submit to the process.

While the difficulty of maintaining extension is considerable in all oblique fractures of the shaft of the humerus, it is still greater in compound fractures, especially those occurring near the articular extremities. In several of my early cases I adopted the plan recommended by my old friend and classmate, the Secretary of the Association, and placed the limb in a position of full extension. While this plan secured apposition of the fractured ends in cases of injury situate in the lower fourth of the bone, it necessitated *bisement forcé* subsequently, in order to secure a useful joint. I have no doubt my brother practitioners from the rural districts will uphold me in this statement, that such an operation will be persistently described as "breaking the bone over again," and does not tend to elevate the surgeon's reputation. Moreover, with the ankylosis in a position approximating a right angle, passive motion can be supplemented by active efforts of the patient, made in carrying weights, which may be gradually increased as time progresses.

I should have been pleased had it been possible,

to present to your notice another case, where the patient was a farmer of advanced years, residing some distance from the town, and in whom the fracture occurred about the junction of the middle with the lower third of the humerus. The result which followed the means adopted and described in this article, exceeded my most sanguine expectations.

I had nearly forgotten an important precaution which must be observed, namely: in order to prevent angular deformity and risk of false joint, the forearm and lower fragment must be secured in a position as nearly as possible corresponding to a right angle; otherwise the extension applied would force the lower fragment backwards.

If I shall have succeeded in making any suggestion which may advance the cause of conservative surgery, I shall deem the object of this paper attained.

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### Correspondence.

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#### OUR NEW YORK LETTER.

*From our Own Correspondent.*

NEW YORK, July 23rd.

July and August are quiet months in medical circles in this city. The meetings of the various medical societies are discontinued, the Colleges are closed, and most of the leading medical men are off on their vacation. New York, being the medical centre of this continent, something relating to her medical societies, hospitals, etc., may be interesting to your readers. There are thirty-six societies devoted to medicine and its branches in the city. The largest and the one most representative of the whole profession is the Academy of Medicine, whose building is at 12 West 31st Street. The building is centrally located, large, and well adapted for its purpose. On the first floor are two large rooms in which the meetings of the different sections are held. On the floor above this is the library, an excellent one containing some 27,000 volumes, and which is rapidly increasing in size. On the third floor is the reading room, where are about 200 medical periodicals from all over the world. Both the library and reading-room are open to the public, as are also the meetings of the society. Owing to the fact that mostly all doctors in New