with the general growth. The atrophied groups of muscles are improving, but the disproportion is still very marked. By comparing the state of the patient now and at the date of the operation. it will easily be seen that the change is complete, except in those parts where organic change had taken place (the atrophied muscles) before the application of the remedy. And the changes here in so short a time have been so great, that they give us reason to hope for a complete recovery in the end.

As there was no medical treatment except such as was required to keep the system in its ordinary health, the change in the patient's condition can only be ascribed to the operation relieving genital irritation, or a remarkable coincidence.

A NEW METHOD OF TREATING FRACTURE OF THE CLAVICLE.

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While one of the visiting physicians of the Central Free Dispensary about three years ago, I treated a patient for fracture of the clavicle, adopting the plan of my friend Dr. Lewis A. Sayre, of New York, using two strips of adhesive plaster without any axillary pad. I became convinced at once, that the principle advocated by Prof. Sayre, was undoubtedly the correct one; but before I had gone very far in the use of the adhesive strips, I found that my patient, a young native of Ireland, began tearing them off. The weather was warm, and, to use the language of the lad, they "itched him." Finding this difficulty in holding the arm and shoulder back by a hitch around the body with adhesive plaster, the thought struck me, that I would make a hitching post of the sound shoulder instead; not as in the old plan of a figure of eight around both shoulders, but upon that which I will now lay before my brethren in the profession.

To make known my plan in a sentence—I make attachment to the middle of the arm on the fractured side; draw the arm backward until the clavicular portion of the pectoralis major muscle is put sufficiently on the stretch to overcome the sterno-cleido-mastoid, and then make a hitching post of the sound shoulder to hold these muscles in extension, and by this extension with the sling, which will be hereafter described, the ends of the fractured clavicle are held in apposition. I make the first bandage three or four inches wide out of unbleached cotton, of double thickness and sufficient length. On one end of this bandage a loop is made, by returning the bandage on itself, and fastening the end with a few stitches The hand on the injured side is then passed through this loop, and the loop carried up to a point just below the axillary margin. This bandage is then passed directly across the back, aud under the sound arm and over the sound shoulder, and returned obliquely across the back, and pinned or stitched to itself at the point where the loop is formed. See figure 1.

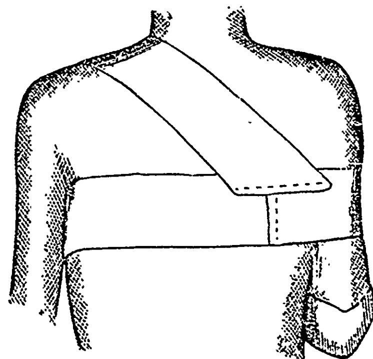

Figure 1. VanBuren's first Bandage for Fractured Clavicle. Back view.

The second bandage is then made and applied as follows: Flex the arm of the injured side, and place the hand on the chest, pointing in the direction of the sound shoulder; then take a piece of the same material as used in the first instance, and make a bandage four inches wide, of double thickness and sufficient length, and pin or stitch one end of this bandage to the lower margin of the first bandage, in front of the sound shoulder. It is then passed diagonally downward, and across the chest under the hand and forearm which has been flexed upon the chest, and carried around the arm at the elbow, and back on the dorsal surface of the forearm and hand to the point from which it started, and this end also pinned to the first bandage. The lower margins of this bandage are then stitched together for a distance of about three inches at the elbow, thus forming a trough for the elbow to