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### Original Communications.

#### A CONTRIBUTION TO THE STUDY OF CLUB-HAND.

*Abstract of paper read by REGINALD H. SAYRE, M.D., before the Pan-American Medical Congress, Washington, September, 1893.\**

Club-hand is very much less frequent than club-foot. It may be acquired as the result of paralysis of certain muscles, or contraction of others from central nervous irritation, by cicatrices resulting from burns, or be due to injuries to the bones of the hand or forearm, or it may be congenital.

Of the first variety, J. K. Young reports a case where an infant had the left side of the head injured at birth. A large hematoma formed here, and subsequently the right

hand was markedly adducted and the fingers and thumb flexed and the hand flexed at the wrist almost at a right angle with the forearm in the radio-palmar position. The hematoma was incised, profuse bleeding followed, and subsequently the deformity gradually subsided, having been caused by the irritation produced by the hematoma.

Biehaut reports a case of club-hand due to fracture of the ulnar at birth, with subsequent loss of bone from suppuration, giving rise to inequality in the length of the bones of the forearm, causing a sharp deflection of the hand towards the ulnar side.

The congenital club-hands differ widely from the above described cases, and may be divided into three varieties: 1st, Those where the skeleton is complete and well formed; 2nd, where the skeleton is complete but ill formed; and 3rd, where the skeleton is incomplete and distorted. Various writers say that the majority of

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