

uting to culture which the authors submit to the psychoanalytic touchstone. Psychoanalysis recognizes the necessity of psychological myth interpretation for the understanding of the unconscious. The myth must have arisen first at the time of racial development when need for repression set in. This leads to a consideration of the dynamic psychological forces which, as regards nature interpretation of myths, merely utilized the materials which nature offered or projected upon nature their wish-fulfilling tendency. The myth rests upon this same tendency which conditions the dream and is the slowly elaborated and altered product of the same mechanisms. Yet the dream is not intended for comprehensibility while the myth seeks the generalization of wish-fulfillment. The myth is also subjected to a constantly changing adaptation to successive cultural and ethical standards by which it undergoes progressively the process of "secondary elaboration" until at last, its function fulfilled, it is relegated to the province of legend and fable. The legend, however, recognized by the cultured adult as a phantasy product, discloses the human starting point of myth formation and leads back to a psychological entrance into myth interpretation. The investigation of the myth then follows through certain widespread typical examples.

LOUISE BRINK.

ULNAR NERVE PARALYSIS. J. Ramsay Hunt. (*Journal A. M. A.*, January 1, 1916.)

Tardy or late paralysis of the ulnar nerve, a form of chronic progressive neuritis developing many years after fracture dislocation of the elbow joint, is described by the author. The long period that elapses between this symptom and the injury may lead to diagnostic doubt and errors. Three cases are reported by Hunt, and the condition discussed. The symptomatology does not differ from other forms of progressive neuritis after the development of the paralysis. The essential etiologic factor in these cases is the deformity and malposition of the elbow joint in early life. The most frequent deformity is the cubitus valgus, in many cases associated with evidences of old fracture of the external condyle of the humerus. There is also some dislocation of the structure forming the ulnar groove, the olecranon is often displaced inward and the bony channel between it and the condyle is shallower than normal. As a result, there is produced an alteration of the course and bony relations of the ulnar nerve. The internal condyle may also be displaced or united in bad position, thus disturbing the relations of the ulnar nerve. Late paralysis may also follow deformity of the elbow joint from old arthritis. The peculiar and unusual feature of all the group of cases is the long lapse of time between the original injury and the first symptom of the neuritis. After this has once appeared it is likely to progress slowly and steadily unless the mechanical irritation is relieved by some form of surgical intervention. "Among the procedures advocated in the different types of cases are: enlargement and remodeling of the ulnar groove; resection of the thickened portion of the nerve trunk; transposition of the ulnar nerve to the anterior surface of the internal condyle and supracondylar, cuneiform osteotomy of the humerus to correct the valgus deformity." The diagnosis depends on the presence of an old joint lesion and the neuritic symptoms. In differential diagnosis the progressive final atrophies and the hypothenar type of neural atrophy (compression neuritis of the deep palmar branch of the ulnar) will demand consideration.