END RESULT OF OPERATION ON ULNAR NEUROMA

By James B. Ayer, M.D.

Dr. Ayer showed a case of ulnar paralysis which he reported some months ago in the *Boston Medical and Surgical Journal*, 1915, CLXXIII, 585-589. At that time there was a very slight return of function, one year after operation. The increase in function in the second year has been marked. The patient now presents very little atrophy, no disorder of sensation, no muscular weakness, and only slight quantitative changes in the electrical reactions. A brief summary of the case is as follows: May, 1909, small cut just above elbow; July, 1909, seen by visiting neurologist at the Massachusetts General Hospital with note "apparently no nerve involvement"; October, 1909, anesthesia, pain, weakness, RD, of ulnar nerve distribution; January, 1910, operation, nerve found largely cut across, ends approximated, otherwise not disturbed from scar tissue; February, 1914, no improvement following operation, and painful mass in the scar; operation, excision of old scar, ulnar freed; May, 1914, another tumor in scar which soon went away; February, 1915, characteristic ulnar deformity with very little return of function. It is evident that there has been a marked improvement in two years, while the return of function in one year was very slight.

Dr. Paul said: If he remembered rightly, the whole nerve was not cut in the original injury. Probably there was always some function. He doubted whether the restoration is complete even now.

Dr. E. W. Taylor, Boston, could verify Dr. Ayer's statement that function has very largely returned in this patient. He also remembered that a year ago there was still so considerable a loss of power and sensation that further return seemed at least unlikely. Cases carefully studied as this has been are of distinct value in reaching practical conclusions regarding nerve regeneration. Of the two theories each of which has its enthusiastic advocates, a case of this sort would seem to uphold the idea of regeneration only from the proximal stump. If regeneration occurred also in the periphery, one would certainly expect the recovery to be very much quicker, occurring in the first year.

TWO CASES OF EPIDURAL ABSCESS

By William J. Mixter, M.D., and Walter E. Paul, M.D.

Dr. Mixter reported the following case:

F. H., age 17, seen February 18, 1916. Family history and past history negative except for furunculosis of the face since adolescence. Pain in the left shoulder and left side for two weeks. Stiffness and weakness of both legs for five days. Four days before seen had a typical spastic paraplegia with a temperature of 101°. When seen by Dr. Mixter he had a temperature of 105.2°, a white count of 30,000, paralysis of legs, anesthesia up to VII-IX dorsal level, priapism, retention and constipation. Lumbar puncture, clear, not under pressure, slight coagulum on standing. Laminectomy III-VI dorsal, showing an abscess below the epidural fat outside the dura. No evidence of focus of infection seen. Patient died a few hours after operation and there was no autopsy. Culture showed pure culture of *Staphylococcus aureus*. The abscess seemed to have stopped in the epidural fat much as it does in perirenal fat from furunculosis. It seems that many of these cases have been dismissed when there might be a chance to do something surgically.

Dr. Paul reported the case of a 43-year-old man who received a slight wound from a shingle scratching the right breast near the nipple. An abscess developed, broke, and healed in about five weeks.

Three weeks after the injury to the breast pain developed in the left