ingly remarkable, both for their extent and for their numerous modifications, so that we need feel no surprise at the entire destruction of the decidua reflexa in man, nor at form of the destruction being unlike the forms heretofore found in other mammals.

As to the purpose or advantage of the sacrifices of maternal tissue, we are in the dark. The same is true of the causation of the degeneration, although we must regard it as the result of a reflex nervous activity. It is becoming more and more evident that the nerves have a profound influence upon organization, and it is no strained hypothesis which places the structure of the mucosa uteri under the immediate control of the nervous system.

A NEUROPLASTIC OPERATION.

DESIGNED FOR THE RESTORATION OF NERVE TRUNKS THAT HAVE BEEN DESTROYED BY INJURY OR DISEASE.

BY H. H. A. BEACH, M.D.,
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THROUGH the connections of a tumor with an important nerve, and from the fact that such a growth derives its origin from the nerve or its close vicinity, it occasionally happens that an excision of the tumor necessarily sacrifices a section of nerve. A similar destruction of nerve tissue may attend the crushing and tearing of soft parts incident to severe railroad and machinery accidents, thereby impairing the usefulness of a limb, to a serious degree. In the cases where a nerve so injured is large enough to permit the operation to be described, the latter offers a chance for the restoration of nerve function that can be gained in no other way. Although I have had no opportunity as yet to make a practical test of its value, I am encouraged in the belief that it may be of worth, through some experiences in the junction of nerves that have been severed but not otherwise injured. Others of the profession may have cases before me, that can be helped by its application, and upon that ground alone, though it is against my preference, I will not defer its publication.

Operation.—For convenience, the severed ends of the nerve may be described as three inches apart. Pick up the nerve with a tenaculum or needle, and transfix it with a silk suture. The latter is useful in place of forceps for regulating the tension of a nerve during its dissection, without bruising its tissue. Care must be taken not to exercise too much traction, or the suture will tear through the nerve. Open the nerve sheath for three and one-fourth inches in either direction from the wound by following one of the divided ends, or in both directions for one and three-quarters inches. Then, having measured the distances accurately, partially divide the nerve trunk, in a vertical direction to its axis, at the required point, and split the nerve to a point within one-third of an inch of its end; thus,

N is the other severed end, to which the flap is to be joined by fine sutures, the flap being sufficiently long to avoid tension; thus,

From the character of the injury, it is possible that, in some instances, it will be more convenient to take a flap on one side of the wound, from the superior half of the nerve, and on the other side, from the under half of the nerve. This change would not materially alter the technique of the operation, as shown by the following diagram:

Should any tension be produced by either method the flaps are of insufficient length.

The method adopted for joining the ends should be governed by the accessibility of the nerve trunks without excessive or unnecessary dissection. A pair of dividers will be found convenient for measuring distances.

The operation, which has not, so far as I am aware, been described or employed before, may be suitably termed "Neuroplastic," and will, I hope, meet the commendation of surgeons who may have occasion for its use.

REPORT ON PROGRESS IN DERMATOLOGY.

BY JOHN T. BOWEN, M.D.

LUPUS FROM INOCULATION.

THE dermatological clinic at Breslau that has produced so many scientific papers of late years, afforded an opportunity to Dr. Jadassohn, the assistant physician, to report two interesting cases of tubercular infection of the skin.¹

The etiological identity of lupus and tuberculosis is now recognized by all but a very few observers, yet much remains to be explained. The manner in which the tubercular infection takes place, the peculiar clinical features that distinguish lupus from other tubercular lesions, especially those upon the skin, are matters of which our knowledge is still very limited. The author speaks well when he says that it is only by the publication of carefully observed individual cases, that we can hope to obtain a basis for more systematic investigations.

CASE I. His first case is that of a butcher, twenty years of age, who had received, eighteen months previously, a cut on the end phalanx of his right forefinger while engaged in his occupation. The wound did not heal. Nearly a year after the injury there appeared a lesion upon the lower arm of the same side, and very soon afterward a nodule upon the upper arm, which opened spontaneously and evacuated a considerable quantity of pus. When seen at the hospital he exhibited an ulcer upon the forefinger with thin edges, somewhat undermined and in places dentated. The floor was shallow with soft granulations, between which were isolated collections of pus. The movement of the joint between the second and third phalanges was much limited. At the upper end of the forearm were three small ulcers lying in a line with one another, similar in character to the lesion of the

¹ Virchow's Archiv., Bd. 121, Hft. 2.