THERAPY.

103. A CLINICAL LECTURE ON SOME CASES OF INJURY TO THE ULNAR NERVE. Bennett (Clinical Journal, Nov. 10th, 1897).

In this lecture there are four points worthy of mention.

1. In nerve suture it is not necessary to remove all of the bulb which may have formed on the proximal end. Indeed, it is better to leave part of it as the stitches will hold better than in normal nerve tissue.

2. Sensation may improve within twenty-four hours, to be again lost after two or three days, without at all affecting the prognosis for ultimate recovery.

3. When, after an injury to a nerve the pain spontaneously, or on pressure, shoots upward toward the origin of the nerve the prognosis is much more serious than when it shoots toward the periphery.

4. Many months may elapse after suture before the first sign of improvement, and yet ultimate recovery be almost perfect.

PATRICK.

104. TREATMENT OF SCIATICA. A. Marty (Medical Week, 5, 1897, July 30th).

The author in his thesis relates that two cases of sciatica which had resisted every variety of medical treatment, were cured by Dr. Gérard-Marchant by means of an operation which consisted in tearing apart the fibres of the nerve with a blunt instrument. This treatment had previously been employed by Dr. Delagénère, who denuded the nerve and teased the nerve fibres with a pair of hæmostatic forceps, his object being to destroy any small veins which might exist in the interior of the nerve and thus prevent any stasis in them. It seems possible enough that the successful results were as much due to the rest in bed and the immobility of the limb which the operation made necessary, as to the operation.

MITCHELL.

105. DE LA CURE RADICALE DU MAL PERFORANT PAR L'ÉLONGATION DES NERFS PLANTAIRES. (Nerve Stretching for Perforative Ulcer). Chipault (La Médecine Moderne, April 7th, 1897).

The author reports on a radical cure for perforating ulcer of the foot by elongation of the plantar nerves.

After discussing various other surgical means of treatment of nervous diseases—lumbar punctures and reduction by operation of the deformity of Pott's disease, M. Chipault considers further the question of perforating ulcer and the success attending this treatment. Amputation is not always successful, as the ulcer is apt to return upon the stump. In such case a second amputation becomes necessary. In fact, a perforating ulcer is only a manifestation of a number of different affections of the nervous system.

The author states that he has performed the operation on the plantar nerves for this disease seven times; five of the operations were done more than two years ago. He advises that the operation be performed at some distance from the seat of the disease, selecting, according to the case, the plantar nerve below the internal malleolus; the muscular cutaneous above the external malleolus; or the external saphenus at the margin of the tendo-achillis.

Of the seven cases operated upon, but one was not cured. The causes were various—locomotor ataxia, frost bite, traumatic neuritis. All the cases remained healed.

The same operation was proposed by Dr. Weir Mitchell, two or three years ago, for erythromelalgia, and successfully performed in several instances by Prof. W. W. Keen and Dr. T. G. Morton.

MITCHELL.