

or spontaneous; the remaining sixteen, including his own, were traumatic.

The persistent pain in the writer's case and the fear of neuritis led to operation. An incision was made over the usual seat of the nerve, which was easily exposed by dividing the fascia, about three inches of the nerve being freed above and below the elbow. The groove for the nerve was either absent or filled up, and the fascia enclosing the nerve seemed to have been separated from the olecranon. The fascia covering the heads of the flexor carpi ulnaris muscle between the olecranon and the internal condyle was divided, and a longitudinal incision was also made into the internal head of the triceps above, parallel with the edge of its tendon. The nerve was replaced in the groove thus formed, and two loops of kangaroo tendon were passed through the tendon of the triceps and loosely around the nerve, and tied, care being taken not to cause any constriction of the nerve. Sutures of catgut were then used to unite the fascia over the nerve, between the olecranon and the internal condyle. The wound was closed without drainage, and the arm dressed in the extended position on a straight splint, with a little padding in the flexure of the joint, and with an extra pad over the internal condyle. Following the operation there was practically no pain. Careful watch was kept for sensory and motor changes in the distribution of the nerve, but beyond a little tingling in the ring and little fingers on the second day, felt only when the bed was jarred by some one walking across the ward, there was nothing of moment. The wound was dressed in a week and found practically healed, the sutures being removed a few days later. The patient was discharged on April 3, and the splint removed on April 9, three weeks after the operation. The nerve could be felt in the position where it was secured. Flexion was free up to a point somewhat beyond a right angle, when pain was experienced at a position corresponding to the tendon stitches. This gradually disappeared, and, when last seen, on May 30, more than two months after the operation, the boy had regained complete use of the arm, the nerve was apparently firmly fixed in its natural place, and there was no pain or discomfort of any kind.—*Medicine*, Nov., '98.

### SALT SOLUTION IN SURGERY.

Dr. Hunter Robb, quoted in the *Railway Surgeon* of August 9, 1898, strongly advocates the extended use of normal salt solution in surgical operations. He has used salt solution for irrigating the abdominal cavity for the past eight years.