

union of the two portions of the same nerve was impossible.

4. Formation of a single or double pedunculated nerve-flap to bridge over the interval between the ends.

5. Encasing the two ends of the divided nerve in a bone drain which served as a means of fixation and also as a conducting medium for new nerve-fibres.

6. Sub-periosteal resection of a portion of the long bones of a limb to allow approximation and suture of the nerve-ends.

Return of sensation was obtained in favorable cases much earlier than formerly was thought possible, instances being given in which it had commenced after a very brief interval; the paths by which the impulses travelled being obviously along the old nerve-fibres in these cases, though for the most part, at any rate in case of long-standing separation of the nerve-ends, a development of new fibres was necessary for a successful result.

The lecture was illustrated by the presence of several patients successfully operated upon, and by the exhibition of a number of photographs and drawings of other cases.

SEPTIC INFECTION ARISING FROM NASAL AND AURAL DISCHARGES.

BY H. BENDELACK HEWETSON.

Some little time ago attention was drawn by Sir Spencer Wells, I believe, to the case of a now celebrated ovariologist, who, despite all his constant care and watchfulness, continually found his operations followed quickly by a fatal result. I think it was suggested to him that this fatality might arise from some personal condition, and at length, on application to a skilful dentist, a suppurating molar tooth, which was removed, revealed the cause of the fatality, and with the removal his success began. Dr. Matthews Duncan has also quoted one or two cases of medical men suffering from some form of rhinorrhœa, whose attendance in the lying-in chamber was particularly disastrous to their patients.

But I do not think that sufficient stress has yet been laid on this very broad question, as a whole, in regard to septic infection generally. Everyone in Leeds remembers the case often quoted, in which three leading members of the profession several years ago attended the post-mortem examination of a case of peritonitis, and each afterwards within the next twenty-four hours attended a labor, with a fatal puerperal fever in each instance. My attention has recently been very seriously drawn to the great danger which attends the parturient patients of those who are the subjects of even a slight otorrhœa, or in whom there is some nasal discharge of an offensive nature. The opportunity of bringing the facts before the Leeds and West Riding Medico-Chirurgical Society has been gladly accorded to me by the practitioners whose ailments I have treated, and will form the subjects of this paper.

Some time since I was consulted by a medical man for an affection of the left ear. He heard badly on that side, and suffered from great depression of spirits; he was pale and anxious looking (though naturally he was bright, cheerful and energetic), and spoke despondingly of his future and his position. I found that there was a small perforation of the membrana tympani, and a thick semi-solid discharge lay on the floor of the meatus, but never appeared externally; but it was, when disturbed, horribly offensive. He told me that, in order to find out the cause of his unexplained ill health, he had had all his drains overhauled, and also had had the drinking water looked to, with negative results. *I at once explained to him that the cesspool in his case was, in his ear, and that probably in a short time a course of antiseptic treatment would neutralise the chronic absorption of the septic material, which was so exceedingly depressing to him, and cure his symptoms.* I asked him, if he was aware of the otorrhœa, and he assured me that the deafness was the only thing which troubled him. I was exceedingly anxious to learn from him the results of his large midwifery practice, and with carefully weighed words I approached the subject. This ended in an exceedingly painful expression