

ported a case of gunshot wound of the elbow in which he was able to bring together the widely separated ends of the ulnar nerve by dissecting the upper end from behind the inner condyle of humerus and carrying it across in front of that bone, so as to reach the lower end of the nerve by a short cut. This method is obviously only applicable to a very limited number of cases, but it is worth remembering, as it gave a satisfactory result in the patient operated upon by him. Still another way of filling in the gap between the ends of a divided nerve is that of splitting up the proximal portion, beginning just above its extremity and proceeding upwards a sufficient distance, then cutting across one of the halves and turning it down to attach it to the distal end of the nerve. When success follows any of these methods, sensation generally begins to return in a few days after the operation. The motor fibres, however, owing to their degeneration, take a much longer time to recover their lost function; often several months elapse before there is any return of voluntary power in the affected muscles. In the case reported some signs of their recovery seem to have occurred in the short space of two or three weeks.

In a large proportion of cases, complete restoration of muscular force *never* takes place, although improvement may not cease for two years or more.

With regard to the further management of the present case, I feel disposed to allow things to go on very much as during the last few months, or until all improvement ceases, both in the movement of the knee-joint and in the use of the limb. His leg will be massaged every day, and some attempt made to straighten the knee without the exercise of much force. I hesitate to forcibly extend the leg on the thigh as yet, for fear of disturbing the union of the divided nerve. This, I think, would be all the more likely to occur because of the lower end having been so much bound down by inflammatory adhesions at the time of the operation. The condition of the leg as a means of locomotion is so far superior to what it was before operation that I should be very sorry to run any risk of a return to its former helpless state. Although there is much manifest deformity of the knee-joint, and the patient is still in a crippled con-

dition, he gets about with comparative ease, while when first seen the leg was simply useless as an instrument of progression; and if nerve connection had not been restored, the next best thing would have undoubtedly been an amputation at the knee-joint.

### ANGINA LUDOVICI.\*

BY G. L. MACKELCAN, M.D., HAMILTON.

Having read one or two articles in the London *Lancet* descriptive of this disease, and having met with three cases in practice, I venture to bring the subject before the Association in a very brief manner.

The etiology of the disease seems to be very obscure. It is said sometimes to arise from decayed teeth, and at other times seems to be epidemic. The text books scarcely mention the disease, only eight lines being devoted to it in Dr. Osler's work on "Practice of Medicine," which is, of course, up to date. Mr. Barker, in the *Lancet*, reports two cases in University College Hospital, and his definition of the disease is submaxillary cellulitis. It is essentially an acute inflammation of the areolar tissues beneath the deep cervical fascia. Dr. Lediard reports a case originating from a decayed wisdom tooth, which proved fatal from the administration of chloroform for the purpose of making the necessary incision for the evacuation of the purulent collection below the deep fascia.

The affection seems to prove most frequently fatal by way of pyæmia. Pus has been known to find its way down behind the deep fascia, where it is attached to the margin of the first rib, into the pleural cavity, constituting empyema with all its consequences. Therefore the necessity for an early opening of the pus cavity.

*Case 1.*—Was called to see Mrs. F. on Dec. 20th. Found her sitting up in bed, complaining of having caught cold and of a sore throat. She had been ill for three or four days. The throat did not show anything more than a little redness. On the left side of the neck there is a good deal of swelling, not like that of an inflamed gland, prominent and circumscribed, but underneath the jaw it is evenly hard and unyielding, and has a dusky, brownish-red color.

\*Paper read at the Ontario Medical Association.