

was employed for the closure of the wound without drainage, and powdered iodoform, with salicylated cotton dressing, applied. Finally the left tendo-Achillis was divided, and the foot forcibly flexed upon leg. Adhesions were felt giving way in tarsus and ankle. The foot and leg were bandaged and placed on a pillow, the knee being well flexed.

July 24. Wound at the knee was redressed.

July 26. Doing well. P. 88; t. 98.6°; says his foot feels warmer than it has done for months. It is also moist, while, formerly, he states that the skin was always dry. Not much manifest improvement in sensation.

July 30. The dressings were removed from knee for the second time since operation, and the suture taken out. Patient can feel the prick of a pin slightly on dorsum of ankle and foot. A poro-plastic posterior splint was put on limb, with knee well flexed, so as to relax nerve, and a starched bandage applied over it.

Aug. 7. Allowed out of bed to-day. There is not much further improvement in sensation, but there seems to be a slight return of power in the extensor muscles of the toes. He can also evert the foot a little, which he was unable to do before the operation.

Aug. 13. With both feet resting side by side on the floor, while he is in a sitting posture, the anterior part of the left foot can be lifted about half as high as the right. Sensation over dorsum of foot is also improved.

Aug. 20. The splint was removed and reapplied, with the knee in a little straighter position.

Aug. 22. He left for home, with instructions to keep splint on for three or four weeks.

April 6th, 1892. Patient presented himself for inspection. Since the removal of splint six or seven months ago, he has been going about freely on the limb with the aid of a cane. The toes of the left foot now rest well down on the ground when he walks. Sensation seems to be about normal everywhere. Considerable hyperæsthesia exists over cicatrix behind outer condyle. The muscular power has considerably improved in parts supplied by the peroneal nerve. Some contraction of tendo-Achillis still present. The left leg has developed a little more, in comparison with the right, but is much smaller yet. The knee now moves through an angle of about sixty degrees, instead of fifteen,

as at first. He cannot straighten limb much more, however, than formerly.

June 1. He says he continues to get about with more and more ease and facility. He can run with other boys, and has begun to ride a bicycle again a little. Can walk fairly well without his stick, but soon tires unless he uses it.

*Remarks.*—As cases of secondary suture of nerves are somewhat rare, I thought the report of the above case and the presentation of the the patient might be interesting to the Association.

During the last few years, as you well know, a considerable amount of more or less satisfactory work has been done in this field of surgery. Various methods of securing union of the divided nerves have been employed. Doubtless, when the ends are near together, as in my case, the simplest and best mode of procedure is to freshen the extremities and suture them directly with catgut, or perhaps silk. It is generally advised that one should pass the sutures only through the sheath of the nerve when it is of sufficient thickness to hold it. But as cases in which the nerve itself has also been included have apparently done equally well, it is doubtful if it matters much whether one adheres to this rule very strictly or not. I did not do so in the present instance, and indeed it would have been impossible to do so in dealing with the attenuated lower end. Other methods of bringing about union must be employed when the divided ends are not near each other. When the distance between them is not more than an inch, they can often be approximated by dissecting them up for some distance and freeing them from surrounding parts, the nerve at the same time being stretched a little, if necessary, before the sutures are introduced. In cases where even this plan fails to allow the ends to be brought into apposition, some have connected them by means of the strands of catgut used in their suture, and have trusted to these strands serving as a basis for nerve tissue being formed subsequently. A better method than this probably is that of inserting a bit of nerve taken from one of the lower animals, or from a freshly amputated limb. A fair measure of success seems to have attended this plan of operating, and it has now been made use of in several instances.

Dr. Gardner, of Australia, has recently re