

secretion, in the right arm and hand, which latter require the frequent application of oil to keep it comfortable.

Have we here a regeneration of nervous structures, or have branches from some functioning nerve made connection with the ganglia, or has some other part of the man's brain or nervous system taken up the work of the damaged structures?

G. E. ARMSTRONG, M.D.—In regard to the surgical results in nerve repair, a paper was read before the American Surgical Association by Powers, in which he found that in a very large percentage of the cases reported of nerve suturing the reports were so inaccurate and indefinite as to be really unavailable for serious discussion. In the Montreal General Hospital there have been a great many nerves sutured and the immediate suture seems to have been successful but the secondary is another matter. By immediate I mean where the ends are approximated immediately after the injury. Bridging a defective area, takes on a more serious aspect. In some of these cases the sensation was reported as returning and the after disastrous effects may have been from the fact that the growth which perhaps has destroyed the nerve has also returned and secondary paralysis with it or amputation. As a matter of clinical experience, however, cases do come to us, often months after the accident, with no power sensory or motor in the nerve, and after certain surgical procedures and the lapse of a certain length of time, the function is resumed, and the most successful of these procedures is what is called the flap method, which I think gives better results than insertion or grafting of another nerve, although this too has sometimes been successful. A case is reported I am not sure where, in which a portion of spinal cord had been introduced into a breach of two inches in the median nerve, with, if I am not mistaken, a restoration of function. Transplantation of sciatic nerve often fails completely, and yet cases are reported where catgut has succeeded, and it has been found also that a tube is of some help. Some surgeon reported that the putting in of a small bone from one end to the other, seemed to direct the downgrowth of the nerve and bring about in that way a more satisfactory and perhaps earlier communication. The question is so serious in some instances where the musculo-spiral was defective for two or three inches the surgeon resected the humerus to some extent, and in that way got the nerve ends together. One case was exhibited later and the function was pretty well restored. But of all the methods so far, I think, surgical experience would show that the flap method is the more generally successful method, but no doubt this implantation has