

have lately adopted and found very successful may be of use to some of your readers, should you think it worth inserting in your widely read journal.

I pass a director under the prepuce as far as the corona glandis, and then pass a pointed curved bistoury along it, and divide the prepuce; then cut off the two triangular flaps thus formed, dividing the skin and mucous membrane together. All bleeding points are stopped by torsion. I use no sutures whatever, the skin and mucous membrane uniting quite well without any. I then guard the penis by a wire guard, similar to a vaccination shield, but larger and three-cornered, one corner passing under the scrotum, and the base being upwards. There is a tape attached to each upper corner to tie round the waist, and double tapes at the lower corner to tie round each leg. I use no dressing, but carbolised oil painted on the wound with a camel hair brush. The patient gets up the same day, or as soon as he feels quite recovered from the effects of the anæsthetic.

PLASTIC OPERATIONS FOR THE REPAIR OF NERVES.—The possibility of repair in nerves divided for even a considerable length of time, is now admitted. Sir William MacCormack, in a recent address delivered to the Midland Med. Soc. (*Brit. Med. Jour*), gave the following methods of treatment to be employed, the choice of method being determined by the circumstances of each case.

1. Transplantation into the gap of a piece of nerve taken from the same or another species of animal.
2. Uniting the peripheral end of the injured nerve to an adjacent uninjured nerve.
3. Cross union of two different adjacent nerves cut at different levels where 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 favourable 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.

LECTURES ON CEREBRAL LOCALIZATION.—Dr. Osler, of Philadelphia, delivered three lectures on this subject at the Toronto School of Medicine, on the 22nd and 23rd ult. In lecture 1, he dwelt upon the development of the subject, particularly on its recent practical applications. The foundation of the doctrine on experimental and clinical evidence were reviewed and the motor centres were described and localized. The effects of irritative and destructive lesions were compared. In lecture 2, the sensory centres, as far as known, were considered, and the forms of aphasia briefly described. In lecture 3, the surface markings of the cortex were outlined, and the scope and limitations of cerebral surgery considered in relation to fractures, abscess, tumours, hæmorrhage, and epilepsy.

THE TEMPERATURE IN RELATION TO DIPHTHERIA.—It has been shown unmistakably (*Rep. Mich. State Board of Health*) that diphtheria unmistakably increases after the atmosphere is cold and dry, and decreases after the atmosphere is warm and moist. It is also shown that scarlet fever and small-pox are controlled in their rise and fall by the fall and rise of the temperature. Thus, though these diseases are due to the inhalation through the air-passages of a specific germ and are communicated from person to person, during the cold weather when the air-passages are most susceptible these diseases are most likely to spread.

THIRST IN INFANTS.—The following, from *Med. Classics*, is worthy of attention: It is a mistake to suppose that because milk is a liquid food it is at the same time a drink which is capable of satisfying the thirst of infants. Although milk appeases hunger, it makes thirst more intense after it has remained some time in the stomach and digestion of it has begun. It is thirst which causes healthy, breast-nourished infants to cry for long periods of time in many instances. There are many cases of indigestion due to weakness or insufficiency of the child's gastric juice, which