Genuine pancreatic insufficiency comprises cases in which, owing to inflammation or disease of the pancreas or obstruction of its duct, the pancreatic juice is in good part or entirely absent from the intestine. In such cases the digestion of fat is greatly interfered with, as is that of protein, and in some the assimilation of carbohydrate is also impaired. Much of the food is then wasted and extra food has to be given, especially meat, if nutrition is to be maintained.

Sprue is somewhat commoner than either of the above but it is not every case of sprue which needs a special allowance. There are, however, cases which improve wonderfully on a diet of meat alone, and are able to take large quantities, more than 2 lb. a day, with relish.

In such cases as these, and doubtless in others in which sound reason can be given, the ration may be varied on detailed application being made to the Food Control Committee, who will communicate with the Medical Section of the Ministry of Food.

Sugar: White Flour.

Extra sugar will only be allowed in severe cases, such as are fed by tube. Applications for white flour should be reduced to the minimum, since it has been shown that war bread, when properly baked and chewed, is as digestible as white bread, though it may not be so palatable.

Restricted Tastes.

The doctor's chief difficulty is not with the sick. It is with those, not obviously ill, who assume that the food to which they are accustomed is the food that is necessary for their health, and appeal to him to support this view by a certificate. Many people have grown up in the belief that their digestion is peculiar. Occasionally that is true, but nearly always it is not. Every one of experience will agree that genuine idiosyncrasies are among the rarities of medicine. The thoughtless indulgence of parents is sometimes to blame for restricted tastes; but whatever the cause may be all doctors know what a handicap to the individual such special dislikes are in illness; and at the present time they prove most inconvenient to their owners. No one would pretend that the foods now available are what we would prefer either in health or sickness, and those who feel the change most will have general sympathy; nevertheless, it is the duty of the medical man to explain to such applicants that their condition is not one for the treatment of which it is justifiable to ask for a larger share of the national store.

Conclusion.

For those who are really ill it will often be necessary to draw up a diet scheme in some respects different from that which would have been drawn up in former days. But, with the allowances made by the Food Controller, it is possible to secure that invalids of all classes shall receive suitable food, and enough of it for their needs.

A CASE OF PROMPT RECOVERY AFTER NERVE SUTURE.

BY

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My reason for recording this case is that I do not know and have not read of so early a recovery of practically all functions in a severed nerve after operation. When a nerve is bound up in scar tissue, or has simply been bruised, operation to rectify this condition is usually at once successful, but not if the nerve is severed, except after a long period.

Sergt.-Major —, a German, aged 26, wounded left elbow, in France, June 22nd, 1917; the internal condyle of the humerus and part of the olecranon process of the ulnar were smashed. On August 3rd operation for septic condition of the wound was performed, and some sequestra removed; x-ray examination showed fracture of the internal condyle and olecranon process, and three foreign bodies in the forearm. On November 23rd I removed one foreign body from the front of the elbow-joint. The wound gradually healed, leaving a triradiate scar on the inner side of the joint.

Sensation was lost over the cutaneous distribution of the ulnar nerve in the hand, both front and back. He could not flex his little finger, and only very slightly the ring finger. He had a trophic sore over the dorsum of the little finger. There was no doubt that the ulnar nerve distribution was almost completely paralysed.

Operation.

On January 24th, 1918, an incision was made over the inner side of the elbow-joint. The ulnar nerve, exposed above and below the joint, was found to be severed in the region of the internal condyle of the humerus. The proximal and distal portions were dissected, found slightly bulbous, with some intervening scar tissue between the two ends. The upper and lower segments of the main trunk were electrically stimulated. Some slight response was seen on stimulating the lower segment, and a very feeble response on stimulating the upper segment. The severed ends were cut off transversely as level as possible, and brought together with fine catgut sutures, and the junction surrounded with Cargile membrane. Exact apposition of the cut ends was aimed at.

After-History.

January 27th, 1918. The patient could feel very slightly on the fourth and fifth fingers.

January 30th. The wound had healed by first intention. Sensation had increased over the whole of the ulnar distribution. To my intense surprise the patient on being asked to flex his little finger and his fourth finger did so quite well.

February 27th. Sensation had completely returned over the whole area formerly insensitive. His grip grew stronger every day. He could hold a book or a weight quite well, and even use a hammer. The only defect present four weeks after operation was a feebleness in the action of the third and fourth dorsal interossei muscles. All this, notwithstanding the fact that his wound was formerly septic, and though now perfectly healed, he still has two small foreign bodies in his forearm.

We are told that, according to the theory of Wallerian degeneration, a nerve severed completely degenerates in its whole distal portion. Again, there is ample evidence that regeneration does occur when the cut ends are joined by fibres growing down from the proximal end. In this case there was no doubt whatever that section of the nerve had taken place at the time of injury by the bullet, yet the fact that there was some response in the distal portion when electrically stimulated may be accounted for, because probably some nerve fibres were present in the $1\frac{1}{2}$ in. of scar tissue between the two separated ends of the nerve. Most recent writers on nerve injuries—for example, Sir Purves Stewart and Mr. Evans—say that regeneration seldom takes place in less than three months, and that it is often eighteen or twenty-four months; that sensation returns first and motor function some time after, the earliest known recovery of sensation alone being ten days. Moreover, after considerable septic infection results are longer delayed.

Professor Waller, to whom I wrote, has kindly sent me a few lines on the case. He says that "in those few cases of prompt recovery which have been recorded no satisfactory explanation has been offered. I am inclined to think that prompt recovery may be due to the stirring up by the operation itself of recurrent sensory fibres belonging to other nerves that may form part of the peripheral distribution, and may have had their action in abeyance during complete paralysis before operation. Increased knowledge in the present day of the extensive halo of functional disturbance aroused by an organic focus of real injury would lead me to be on the watch for the possibility of prompt reappearance of sensation, by the cerebral suggestion as well as by the peripheral excitation afforded by the operation itself. I am at the present moment engaged in measuring the 'emotivity' of shock and other cases, and it would be useful to know if your patient was of high or low emotivity."

As far as one can judge clinically this patient is of low emotivity.

I am indebted to Dr. Charles Corben for assisting at the operation, and to Lieut.-Colonel Guthrie, R.A.M.C., for permission to publish the case.

THE Carnegie United Kingdom Trust has published a most elaborate report on public baths and wash-houses, prepared for the trustees by Miss Agnes Campbell, B.A. The report sets out with lavish detail the present provision of baths and wash-houses throughout the United Kingdom, the use made of the facilities provided, the finance of such undertakings, and a discussion of the factors which bear upon the subject generally. Without wishing to minimize the value of such an exhaustive investigation, the question occurs to us whether, in the present situation, with an extreme scarcity of paper, the publication of a monograph weighing 2½ lb. is expedient.