Of the *modus operandi* of the operation, we know definitely but little. Stretching certainly diminishes the irritability of the nerve, and Ott has recently shown that the time which elapses between an electrical excitation and the associated muscular contraction is increased thereby.

Westphal discovered, three years ago, that stretching the crural nerve of the rabbit prevented the usual tendon-reflex (patella) from taking place, even though the voluntary motion and electrical reaction seemed to be unimpaired, and referred the result to the diminution of tension in the muscles concerned, due to the slight impairment of functional activity of the nerve.

Probably at every operation a greater or less number of nerve-filaments are actually broken, and the peripheral ends of these no doubt degenerate. Still there must be many degrees of disorganization possible, short of this, to account for the recovery in periods varying from an hour to several days, yet not long enough to admit of the entire regeneration of the peripheral fragment.

The observations of Hehn have already been referred to.

Vogt¹ maintains that besides the changes in the mechanical conditions within the nerve itself, the walls of the blood-vessels of the nerve are subjected to analogous changes of tension, pressure, etc., especially at their point of entrance into the nerve-sheath, and attributes to this the nutritive changes which take place in the nerve-tissue.

All these observations are interesting and important, but hardly satisfactory.

The practice of nerve stretching in tetanus has not been as successful as was hoped, though it still counts its warm adherents. It is still a perfectly justifiable operation where any surgical measures are called for, and may be either combined with nerve section or substituted for it as the less severe operation.

Hospital Practice and Clinical Memoranda.

MASSACHUSETTS GENERAL HOSPITAL.

CASES IN THE SERVICE OF DR. SHATTUCK.

REPORTED BY WILLIAM N. BULLARD, M. D.

PARENCHYMATOUS AND INTERSTITIAL NEPHRITIS COEXISTING IN THE SAME CASE.

DAVID H., a teamster, thirty-five years of age, an Irishman, now living in South Boston, entered the Massachusetts General Hospital October 14, 1879. He had always been temperate and of good habits. His work was laborious, and he was obliged to lift and roll heavy weights. With the exception of a fracture of the left humerus with dislocation of the inner end of the clavicle in 1870, with which he was confined five weeks, he had always been healthy. Two months previous to entrance he had noticed some swelling of the feet, and shortly afterwards of the face, and these had continued more or less ever since. He had lost strength steadily, but had no other definite symptoms till two days before entrance, when he began to vomit without known cause and had considerable headache. On entrance, he complained only of swelling of the feet and great weakness.

¹ Quoted in the *Centralbl. für medicinische Wissenschaften*, 1877, page 544.

The patient was a large-framed, well-built man of healthy appearance, though a little pale. On physical examination a systolic souffle was heard, loudest at the apex of the heart, but no increase of cardiac dullness could be detected. The first sound was inaudible over the aorta. Nothing else abnormal could be found, either in the chest or abdomen. The urine was pale and acid, its specific gravity 1010, and it contained one fourth per cent. of albumen. The sediment consisted of a little blood and an occasional blood, epithelial, and hyaline cast.

Three days after entrance the swelling of the feet was so great that he was confined to bed, and kept there for a week. Ten days after this, October 25th, a peculiar eruption, consisting of several small conical pustules and three or four large, raised bullæ or psoriasis, of the size of a five-cent piece each, appeared on the backs of the hands. They were all surrounded by an inflamed areola, were painless, and did not itch. At the same time he was also attacked with severe pain in the dorsum of the right foot. The vomiting, too, returned, and lasted almost incessantly for a week. At the end of this time, however, he became somewhat better, but meanwhile his sight had grown suddenly dim, and on ophthalmoscopic examination by Dr. Wadsworth hæmorrhages and ill-defined white patches were found about the disks of both eyes, with brighter, more sharply-defined, and smaller spots in the macular regions.

November 6th. The patient was eating and sleeping well. The examination of the urine showed the same characteristics as before, except that the amount of albumen had somewhat diminished, and the sediment contained considerable blood and fatty renal epithelium.

November 18th. The urine contained one fourth per cent. of albumen. The sediment consisted of very few hyaline casts, with an occasional fatty renal epithelium cell adherent.

About the middle of December the patient had begun to improve very much, the œdema had disappeared, and he had gained three pounds within a week. The urine remained as previously. On the 14th of January the patient was discharged, feeling at that time perfectly well, though still somewhat weak. The urinary sediment contained very few hyaline and an occasional epithelial and blood cast, with very little free blood. The other characteristics were the same as before.

The average amount of urine since entrance was eighty-four ounces.

The patient was seen again on the 16th of June, 1880. He was then pale and somewhat emaciated. He stated that he had been unable to work since leaving the hospital, although under great necessity to do so. The urine was then pale, acid, of a specific gravity of 1007, and contained over one per cent. of albumen (by estimation). The sediment consisted of numerous blood, epithelial, fatty, and hyaline casts, with a few free blood corpuscles and a considerable amount of free, fatty renal epithelium.

[This case is interesting as being one of those cases of renal disease in which both the parenchymatous and the interstitial forms exist together, and the symptoms are partially those of each.]

CIRRHOSIS OF THE LIVER, WITH OMENTAL HERNIA.

In January, 1880, there entered the hospital a man sixty-three years old, a Hungarian by birth, but for

many years a resident of Boston. He had been a healthy man until six years previous, when he was thrown off a horse-car and injured his left arm and side. He entered into a lawsuit against the horse-car company, and states that at this time he was ill for a year. About four years before entrance he was taken one day suddenly with hæmorrhage from the stomach, followed by jaundice, and shortly after by swelling of the feet, and ascites. He had had pain in the left side ever since the accident. He was in bed at this time for three months, and his abdomen was tapped and clear fluid drawn off. After this he recovered entirely, and was well for a year, when he had a second hæmorrhage, this time from the rectum, with a repetition of the former symptoms. He was again ill several months. Last November he had another hæmorrhage from the stomach, with jaundice, pain in the side, and swelling of the legs, abdomen, and face.

On entrance he was pale and haggard, quite weak, and slightly delirious. The physical examination was as follows: the heart and lungs apparently normal. Abdomen somewhat enlarged, tense, and dull all over when the patient is lying on his back, except posteriorly in the flanks, where some resonance still remains. Directly below the apex of the xiphoid cartilage a smooth prominence was seen, over which the skin was somewhat discolored. Its lower border was found on palpation to extend to within two inches of the umbilicus, while its lateral boundaries were ill-defined, that on the right blending with the left lobe of the liver, and the other being two to three inches beyond the median line on the left. The tumor pulsated, but there was no bruit. The resonance over it was diminished in comparison with that of the rest of the abdomen. The hepatic dullness extended from the sixth interspace in the right mammary line to the lower edges of the costal cartilages, and that of the spleen was slightly increased. The temperature, pulse, and respirations were normal. The tongue had a yellow coat.

Two days after, his delirium had entirely disappeared, and he was able to be up and about the ward. The urine was of normal color, slightly acid, and of a specific gravity of 1013. The sediment consisted of a very few hyaline casts. There was a very slight trace of albumen. The indican was normal, the amount of urea diminished, and that of the chlorides normal. The patient remained under observation for nearly six weeks, but no troublesome symptoms appeared, and he was finally discharged, "much relieved."

The diagnosis was made of cirrhosis of the liver and omental hernia.

Reports of Societies.

PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

H. C. HAVEN, M. D., SECRETARY.

MAY 8, 1880. Fifty-eight members present. DR. F. A. HARRIS in the chair.

The following was unanimously adopted as an expression of the society:—

"In taking official notice of the decease of Dr. Adino B. Hall, the Suffolk District Medical Society desires to record its appreciation of the fidelity and courtesy with which he filled the office of treasurer of the society during the past twelve years, and also to testify to his character as an honorable and conscientious

physician, warm-hearted and genial in his relations with all men; and considerate towards the suffering and needy. The Fellows of the society respectfully tender to Mrs. Hall their sympathy in her bereavement."

DR. CHADWICK informed the society that Mrs. Hall had presented to the Medical Library Association Dr. Hall's medical library and surgical instruments.

DR. DOUGLAS GRAHAM presented a paper entitled *Massage in the Treatment of Uterine Disease*, with a report of eighty-two cases; a reply in part to the paper of Dr. Wing on the Modern Abuses of Gynæcology.

Dr. Graham believed that Dr. Wing attached too much importance to local treatment, and that therein he differed from many others eminently fitted to give opinions on the subject. He quoted from Thomas's *Diseases of Women*, showing how often a wonderful improvement was effected, in cases which had resisted all local treatment, by a sea voyage or a sojourn in the country; and that this improvement is manifest not only in the general state of the patient but locally also, and in some cases complete recovery may be thus obtained. He also quoted from Dr. Weir Mitchell, believing that the latter had clearly shown that many obstinate cases of chronic uterine disease can be fully cured by rest and excessive feeding, made available by massage and electricity.

Dr. Graham wished to show what had been accomplished by massage and properly regulated passive and resistive movements, without special aid from any other therapeutic measure. In all the cases Dr. Graham had personal knowledge of, the best medical advice had been sought before massage was tried as a last and hopeless resort, so that the remedy stood upon its own merits, unsupported by the faith of the patients. The psychical factors were supposed by many to be the sole means of influence in massage, as if they were not common to all procedures, whether medical or surgical. Dr. Graham then gave the results obtained by Dr. Asp (the director of an institution at Helsingfors for treatment of disease by means of massage and medical gymnastics) in seventy-two cases of chronic uterine affections coming under his care in the course of four years. The method was general massage, not rubbing alone, with passive and resistive movements graduated to suit different cases. No local massage of the uterus was used by Asp, as has been done by some others, with reported good results. Cases of chronic inflammation of the uterus formed 35, or 48.6 per cent. of all the cases. Of these, 15 recovered, 13 were much improved, and seven were without result. The average length of time of treatment was 8.6 weeks for single women; 15.4 weeks for the married. Six cured cases had had no relapse as late as 1878. (The date of the recovery not being stated we are left to infer that this still continued after from one to four years.) Three cases had no relapse at the end of a year, and in three cases there was a relapse after birth or abortion. In three cases relapse occurred after two, nine, and ten months without any ascertainable cause. It is interesting to note that Dr. Nostrom, of Stockholm, has endeavored to apply massage directly to the uterus by placing the index finger in the posterior cul-de-sac and grasping the uterus from the outside with the right hand. The uterus is compressed and kneaded and rubbed between the fingers. In 138 cases of chronic metritis Nostrom claims to have obtained 43 complete cures and 70 nearly complete ones; nine cases of hæmorrhagic endometritis were cured. Massage acts in these cases