From this time her progress was uninterrupted, save by the occurrence of an abscess of trivial size in the external flap. On Sept. 3rd she left the infirmary in good health, and with the wound entirely healed. The dressing consisted of resin ointment spread on lint, held in position by a pad of oakum. This answered well as a mild stimulant to the wound, which throughout had a tendency to become languid.

HÔPITAL LA CHARITÉ, PARIS.

PRESERVATION OF SENSIBILITY WITH ABOLITION OF MOBILITY IN A CASE OF CONTUSION OF THE RADIAL NERVE.

(Under the care of M. LANNELONGUE.)

IN one of the numbers of THE LANCET for 1867 we recorded at the time a case of preservation of sensibility of the skin after a traumatic section of the median nerve, which we had observed in the wards of Professor Richet, at La Pitié. A similar case is now to be seen in the wards of M. Lannelongue, at the Hôpital la Charité, only in this instance of preserved sensibility, it is the radial nerve which has been injured. The case was brought on by a contusion of the nerve, caused by the use of crutches, the patient having broken his leg some time ago. As in M. Richet's case, mobility in all the muscles supplied by the radial, and especially the extensors of the wrist and fingers, was entirely abolished, whilst sensibility of the tegument was preserved.

Dr. Lannelongue availed himself of this opportunity to make some clinical remarks on the physiology and pathology of mixed nerves. Besides this case and the one of M. Richet, a few others observed by Houel, Bédard, and Laugier, involving questions about the anatomical arrangements and physiology of the nerves of the forearm, were reviewed by M. Lannelongue. Various theories which had been brought forward to explain these facts were objected to by M. Lannelongue. For instance, immediate reunion of the severed ends had been invoked, but in this case it was quite obvious that such had not taken place. Referring to the various theories about anastomosis of the nerves, and the elucidation which they thus furnish touching the preservation of sensibility in the surface, M. Lannelongue said that the most satisfactory explanations until now were those afforded by the experiments of MM. Arloin and Léon Trissier, recorded in a recent number of the *Archives of Physiology*.

These experiments were conducted on dogs. The authors found that section of any of the three nerves of the forearm was not sufficient to produce total anæsthesia in the paw of the dog. Section of either of the nerves only produced local anæsthesia. It was quite impossible to make out whether any peculiar part of the surface was under the special dependence of any three of the nerves, and in a series of experiments in which only one of the three nerves, successively, was left untouched and unimpaired, it was found that a functional correlation existed between the three nerves.

In another series of experiments, MM. Arloin and Trissier, struck by the existence of fine nerves which quit a large trunk to attach themselves to another large one, were enabled by successive sections proceeding nearer and nearer to the surface, to determine that there existed an anatomical arrangement by which communications were established between the terminal extremities of the three large trunks. Furthermore, they stated that sensibility was preserved in the peripheric end of a nerve when the nerve was the only means of communication which remained between that branch and the nervous centres, and that, consequently, sensibility in one and the same nerve proceeded from the surface to the centres, and from the centres to the surface. Transmission could also be effected from one nervous trunk to another, and provided there remained one trunk in the limb, sensibility was retained in the peripheric end, and could be transmitted to the centres. The same facts were observed in the lower extremities. It therefore seems established that, with rachidian nerves, sensibility of any one part of the teguments is preserved when the part communicates with an unimpaired nervous branch.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, OCTOBER 22ND, 1872.

T. B. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

ON THE MORBID EFFECTS OF ALCOHOL AS SHOWN IN PERSONS WHO TRADE IN LIQUOR.

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THE paper is a contribution to the morbid anatomy of alcoholism founded upon a comparison of post-mortem appearances between persons trading in liquor and persons occupied independently of it, and not known to have been drunken. The assumption that people who get liquor for nothing drink more than those who have to pay for it, is, the author said, justified by the common tendency of mankind, as well as by the notorious inebriety and liability to delirium tremens of potmen, waiters, cellarmen, draymen, brewers, barmen, and publicans—the chief members of the liquor-trading class. The paper is based upon an analysis of the post-mortem and case books of St. George's Hospital for a period of thirty years. This comprised the particulars of the examination of the bodies of 149 traders in liquor. For comparison, there were taken from the same source the same number of examinations of persons otherwise and very variously employed, chosen by rule so as to afford a fair standard. The full details were tabulated and laid before the Society. Tabular abstracts, representing the condition of each organ in the two classes, were incorporated in the paper.

The two classes were first compared with reference to the distribution of in-door and of out-door occupations, in order to ascertain how far any morbid differences might be due to a different measure of exposure to weather. The result was that of the alcoholic traders four to three, of the non-alcoholic three to four, worked in-doors; no great disparity.

A comparison of the ages at which the members of each class died showed that to trade in liquor costs $3\frac{1}{2}$ years of life; the alcoholic trader dying on an average at the age of 36.8 years, the non-alcoholic at 40.6 years; the shortness of life on both sides being partly due to the calculations referring only to hospital patients.

The morbid changes belonging to the two series were then considered in detail, the organs being taken in the order in which they would be reached by a fluid absorbed by the veins of the stomach.

Passing over the stomach, the changes in which are not always evident to rough morbid anatomy, it was shown, with regard to the liver, that in the alcoholic series was a great and unmistakable increase of cirrhosis, which disease was found in twenty-two persons of the alcoholic, to eight of the non-alcoholic series; the liability to cirrhosis being thus nearly trebled by a liquorous pursuit. Fatty degeneration was also increased.

In the lung, pneumonia proved to be rather less frequent with the alcoholic, but empyema, as distinguished from simple pleurisy, belonged especially to the alcoholic series. The most important conclusion related to tubercle, which in every shape was most frequent in the alcoholic traders. As the relation between alcohol and tubercle has been the subject of some difference of opinion, it was shown in detail that under alcohol every kind of disease of the lung to which the term tubercular could be applied was increased. The increase, however, was greatest where the disease was certified as truly tubercular by the concurrence of disease of the same kind in other organs. This multiple form of the disease affected thirty persons of the alcoholic series, nineteen of the non-alcoholic. Tubercle, including all kinds, affected the lungs in sixty-one persons of the alcoholic, to forty-four of the non-alcoholic class. It was further shown that in each of the following organs—the brain, the liver, the kidneys, the spleen, bowels, mesenteric glands, and peritoneum, tubercle was at least twice as common in the alcoholic as in the non-alcoholic category. The conclusion is inevitable that alcohol engenders tubercle.

As to the heart and arteries, atheroma and fatty dege-