and found that the mother could then suckle without pain, that cauterization of the nipple with nitrate of silver was painless, and that the fissures rapidly healed. PHILLIPS tried a six per cent. solution in four cases, and was disappointed with the result: the anæsthesia produced was more or less deep, but lasted only two minutes, and the fissures did not tend to heal more quickly. He found that infants did not hesitate to take the nipple after the application of the drug, and that they were not injuriously affected thereby.

The following conclusions may be drawn from Mr. Phillips's paper: "1. That cocaine in whatever way administered for uncontrollable pregnancy vomiting, is a valuable adjunct, and in some cases a superior drug to those at present in vogue. 2. That during the painful earlier stages of labor, especially in primiparæ, it materially assuages the pains, but neither quickens them nor retards their onset, and hence has no effect on the actual dilatation. 3. That it is useless in mitigating the pains of expulsion, and those caused by pressure on the prænæum. 4. That in the case of sore nipples it relieves the pain attendant on suckling, though the duration of its effects is not sufficiently long to be of material service. It is, however, without any apparent detrimental effect upon the suckling."

RUPTURE OF THE FUNIS FROM SUDDEN EXPULSION OF THE CHILD WITH THE MOTHER IN HORIZONTAL POSITION.

That the funis may tear, if the child is suddenly born with the mother in a standing or kneeling position, is a well-known fact; but that this accident could happen with the woman lying down would appear very doubtful. Such cases have been reported by Nargoll, Späth, and others, in which rupture occurred owing to undue shortness of the funis; but hitherto only two cases have been reported of rupture of a cord of normal length,—one by Späth (fœtus macerated) and one by Dupuy. To these BUDIN⁹ (Paris) adds two cases. In both cases (one a ii-para, one a i-para) the forcible and sudden expulsion of the child resulted in a rupture of the funis,—in one about 3 inches, in the other about 4 inches, from the naval of the child. In the case of the ii-para the torn cord bled freely from both ends; but in the other case the funic hæmorrhage was very slight.

[Such cases are of great medico-legal importance, but we fear their citation may sometimes embarrass the administration of justice in certain cases of suspected infanticide, in which the plea in defence is: precipitate labor unattended, with rupture of the funis and consequent fœtal death.]

Clinical Memorandum.

A CASE OF SARCOMA OF THE TONSIL REMOVED BY EXTERNAL INCISION. RECOVERY.

BY M. H. RICHARDSON, M.D.,
Surgeon to the Massachusetts General and Carney Hospitals, Assistant Professor of Anatomy, Harvard Medical School.

The following case presents several points of interest. The diagnosis was based upon the gross appearances and confirmed by the microscopic examination.

⁹ Progrès Méd., 1887, No. 17. Centralblatt für Gynäkol, 1887, No. 48.

The tumor was removed by a dissection from the outside, and a complete and thus far permanent recovery followed.

Mrs. E. H., aged sixty, came from New Brunswick to the Massachusetts General Hospital, April 9, 1886. She said that she had noticed a swelling back of the angle of the jaw on the left side for two years. It was of slow growth except that it had seemed to increase rather more rapidly for a short time before coming to the Hospital. Externally there was only slight deformity, a small swelling being visible under the left ear. Internally the left tonsil was pushed with the pharynx quite to or beyond the middle line. The appearance of the mucous membrane of the pharynx was normal. The growth was indurated and could be felt under the edge of the jaw from the mastoid process half-way to the chin.

April 13, 1887, the tumor was removed by an incision three inches in length along the anterior border of the sterno-mastoid muscle. A careful dissection was made to get under the parotid behind which the new-growth was found encapsulated. The tumor was lobulated, and had finger-like projections running in various direction. It partly surrounded the styloid process and was attached to it, and from there extended inwards to the middle of the pharynx. It was covered in the throat by the mucous membrane alone. A large portion of the tumor was shelled out, and the rest removed by dissection. The portion projecting into the pharynx was thoroughly removed, leaving nothing but the mucous membrane of the pharynx between the fingers when one was in the pharynx and the other in the wound. The tumor was situated in the place of the left tonsil. It was impossible to say either from the location or the microscopic examination whether the growth started in the tonsil or directly adjacent to it. There was no tonsillar structure discovered by the microscopic examination, or at least none reported. In effect, however, it was a tumor occupying the tonsillar region and interfering with deglutition and respiration. The upward growth of the mass in and between the pterygoid plates, and its attachment to the base of the skull made its complete removal very difficult, and the probability of return very great. After the operation there was a very little venous oozing from the deep parts which was controlled by pressure. The wound was closed with silk and drained. Corrosive sublimate irrigation, and iodoform gauze dressings. During the evening the throat became swollen and ecchymosed on the left side, causing slight dyspnœa. The pressure on the outside was therefore removed. The next day the ecchymosis had extended to the frænum of the tongue and down on the neck. There was paralysis of the left lower lip.

Three days after operation she could eat and talk without trouble. Dressings changed to phenyle pad on account of slight suppuration along track of tube.

April 29th. Throat normal in appearance.

May 5th. Discharged.

November 23, 1887. A letter received from the husband states: "She got quite well in three weeks time, and has not felt any effects of it since, and her health is good." Microscopic examination of the tumor made at the Harvard Medical School was to the effect that it was a round-celled sarcoma.

This case is interesting from its rarity, and from the fact as yet, there is no sign of a return. I was of the

opinion at the time that there would be a speedy reappearance of the disease, and wrote to the husband to ask the date of death, with the above reply. With regard to the feasibility of removing such growths from the tonsillar region it seems to me to be quite a practical operation if the dissection is carried on carefully and there is free respiration. The pharynx not having been opened made it much less difficult than it would have been otherwise.

The question of diagnosis is also interesting. If the tumor involved the tonsil throughout, I do not see how it could have been as thoroughly removed as it was without opening the pharynx. The mucous membrane over the tonsil is so thin that it does not seem possible that the whole gland could have been removed. Yet at the close of the operation there was so thin a partition between the wound and the pharynx that the mucous membrane covering tonsil was translucent.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

E. M. BUCKINGHAM, M.D., SECRETARY.

JANUARY 9, 1888, the President, Dr. O. F. WADSWORTH in the chair.

Dr. M. H. RICHARDSON read a paper entitled

CASES OF NERVE STRETCHING, NERVE SECTION AND NERVE SUTURE; AND OPERATION TO RELIEVE PRESSURE ON NERVE TRUNKS.¹

Dr. J. C. WARREN said that the subject of nerve section is interesting, because of the wide range that may be given to this mode of treatment. Operations for tic are very satisfactory. He referred to a case of trephining for the incision of the inferior dental, reported and illustrated by a picture in the first volume of the *Boston Medical and Surgical Journal* for 1828. He has twice done Wagner's operation on the infraorbital nerve, cutting down on the edge of the orbit, lifting the periosteum of the orbit with a periosteal elevator. With a small spoon bent at an angle, the whole contents of the orbit can be lifted up and the infraorbital canal exposed. The nerve can be separated easily from the artery, drawn out from the foramen and divided from the terminal branches. Langenbeck used to cut this nerve subcutaneously on the cadaver. Dr. Warren had operated about eighteen months ago, upon the infraorbital (?). The only return of trouble had been some pain at the angle of the jaw, not enough to give serious discomfort. In this case union was by first intention. For stretching the spinal accessory he recommends an incision through the steno-mastoid near its posterior border, rather than Dr. Richardson's incisions.

He had seen one tumor in connection with the musculo-spinal nerve; it had been easily removed, with a good result. He had stretched the nerve for sciatica with good result. It is done easily and without any hæmorrhage, through a free incision, and the wound heals readily. He would, however, hesitate to do this in an old subject with chronic sciatica, notwithstanding that old people do well after operation on the face. Nerve-suture has not been looked upon with

favor until lately, but it is now considered a valuable operation.

Dr. G. L. WALTON thought that nerve-stretching will not have such a future as other nerve operations, such as section, removal of tumors, etc. Stretching when done for spasm, has sometimes not relieved it, and has sometimes caused troublesome paralysis. He had seen four cases of sciatic nerve-stretching in Leipzig, done for relief of the gait in locomotor ataxia. This seemed to him a more unreasonable undertaking than stretching on account of pain. Could pain be relieved the speaker thought the result would justify the operation, but the outlook was not promising.

Operations for the removal of cicatrices in which nerves are involved are important. He had seen three within a few months. One case was peculiar. An ice pick had been driven into the thigh and spasms resulted in the calf. This might be called reflex for want of a better name. As a rule, pain caused by a cicatrix is peripheral from the cicatrix. The speaker mentioned a case where a knife had been thrust into the wrist, over the median nerve, causing paralysis of the thumb. Pressure over the median nerve caused tingling in the area supplied by this nerve. Here he had used galvanism every day. Almost complete recovery followed in a few weeks. If, after waiting a month or six weeks, there should be no improvement he would then operate in such a case.

Dr. P. C. KNAPP said that he had been much interested in Dr. Richardson's cases, for they had given him much information in regard to the success and advantages of surgical treatment in a class of cases where medical treatment was often unavailing. He was also glad to hear Dr. Walton condemn nerve-stretching. He had seen it tried in only a few cases, but from the result of these cases and others reported he had felt very doubtful as to the benefits derived from it. Some years ago nerve-stretching was urged as of great benefit in tabes dorsalis, but now every neurologist, except Benedict, has abandoned it. He did not consider it a justifiable operation, not only from the lack of benefit derived from it, but from its injurious effects on the spinal cord. In animals whose sciatic nerves had been stretched with the same relative force as in nerve-stretching for therapeutic purposes, it had been found that the stretching produced vacuolization in the motor cells of the anterior cornua, and also more or less sclerosis of the posterior columns, a condition as serious often, as the one which the physician sought to relieve.

January 23, 1888. The President Dr. O. F. WADSWORTH in the chair.

Dr. RUSSELL STURGIS read a paper on

THE USE OF LANOLIN AND OF BORACIC ACID IN CERTAIN AFFECTIONS OF THE SKIN IN INFANTS AND IN YOUNG CHILDREN.²

Dr. J. C. WHITE asked if the reader had used pure lanolin, or had it been mixed with water.

Dr. STURGIS answered that it was supposed to be pure. If too stiff, from ten to fifteen per cent. of water had been added. The lanolin used had been furnished by the Dispensary.

Dr. WHITE asked if any comparative experiments had been made with lard, and remarked that it

¹ See Journal, No. 6, page 139.

² See page 193 of this number of the Journal.