the right breast, chiefly on the outer side of the nipple. It was pretty uniform in outline, but not well defined. The skin was not adherent, the nipple not retracted, and the veins not enlarged. A lymphatic gland deep in the axilla was enlarged and indurated, but there were no enlarged supraclavicular glands. The woman was typically healthy-looking. She says she had occasional shooting pains from the breast to the axilla.

On Nov. 15th, the breast, with the nipple and surrounding skin, was removed by a double elliptical incision. The tumour was found slightly adherent to the pectoral muscle, a few fibres of which were removed with it. The muscle did not appear implicated. After enlarging the incision upwards, the gland in the axilla was seen to be so close to the axillary vein, and attached by a broad base, that a ligature was thrown round it and drawn tight, the mass of gland taken away, and the ligature left hanging out of the wound.

On Nov. 24th the ligature separated, and next day the antiseptic dressing was left off. There was slight bleeding from the upper part of the wound, where the ligature had been. On Dec. 12th the wound was almost entirely healed.

TAUNTON AND SOMERSET HOSPITAL.

RAPID CURE OF A CASE OF ANEURISM OF THE ANTERIOR TIBIAL BY ESMARCH'S BANDAGE.

(Under the care of Mr. CORNISH.)

FOR the notes of this interesting case we are indebted to Mr. G. W. Rigden, house-surgeon.

A young agricultural labourer, aged twenty, was admitted into the hospital with the following history :—During the last week of August he wounded his right leg with a scythe. He lost a large quantity of blood at the time, but the wound healed after he had been in bed about a month. When he began to get about he noticed that his foot dropped on that side, and for this he came to the hospital for advice.

On admission, it was found that he could not raise his foot on the affected side, but there was no stiffness of the joint, the whole foot being perfectly flaccid. The cicatrix of the wound was noticed, about the middle of the outer side of the leg; and beneath this was found an ill-defined tumour, deep in the muscles of the leg, which exhibited a distinct pulsation synchronous with each beat of the heart, and on listening with a stethoscope a distinct bruit could be heard.

After he had been kept at rest in bed a few days, the tumour became much more defined; it was less in size, but the margin of it much more distinct; it was very deep, and appeared about the size of a small hen's egg. There could be no doubt it was a traumatic aneurism of the anterior tibial. It was resolved to attempt to cure it by means of Esmarch's bandage in the manner recommended by Mr. Thomas Smith in THE LANCET of May 26th, 1877.

On December 2nd, at 11.20 A.M., a flannel bandage was applied from the toes to the tumour, and a second bandage from the tumour to the middle of the thigh, leaving the tumour itself exposed. Esmarch's bandage was then applied with moderate tightness from the toes to the tumour, and the patient made to stand out of bed, in order to fill the tumour well with blood. Esmarch's bandage was then applied from the tumour to the middle of the thigh, and the thick india-rubber tubing firmly fixed above it. The tumour itself being still exposed, it was noticed that the pulsation in it was quite arrested, and no bruit could be heard with the stethoscope. The patient was then directed to keep quiet in bed with his leg well raised on pillows. He did not complain of any pain till twelve o'clock (forty minutes), when he began to have the sensation of pins and needles in his foot; this pain had become so intolerable at 12.20 (one hour after the application of the bandage) that a horseshoe tourniquet was fixed firmly at the groin, and the india-rubber tubing and Esmarch's bandage removed, the flannel bandages being allowed to remain. It was noticed that though the colour returned to the limb, no pulsation could be felt either in the tumour or in the femoral artery. A dose of chloral hydrate was given, and the patient directed to keep quiet. At 3.30 P.M. a pad of lint was fixed by strapping on the line of the femoral, and the tourniquet slightly relaxed. It was further relaxed at 4.30 P.M., and removed altogether at 7 P.M. The patient was put on a milk and beef-tea diet, and directed not to move if he could possibly help it.

There has never been the slightest return either of impulse or bruit; the tumour has gradually become smaller till now it cannot be felt at all; the power of lifting the foot returned as the tumour diminished in size, and now, in less than three weeks, is almost natural. The patient will be discharged in a few days.

PROVINCIAL HOSPITAL, PORT ELIZABETH, SOUTH AFRICA.

CASES OF LITHOTOMY.

(Under the care of Mr. FREDERICK ENSOR.)

THE following notes are interesting as much from the fact that they give a glimpse of what is being done by surgery in distant lands to alleviate human suffering, as from the intrinsic clinical value of the cases. It may be remarked that in these instances the children were of the same age (four years and a half), and admitted on the same day.

CASE 1.—A wretched emaciated little Irish boy, aged four years and a half, with tumid belly, excoriated penis and thighs, and with the bowel constantly prolapsed, was admitted on April 19th, 1877. He was constantly straining and trying to pass urine. At first glance the child seemed a most unpromising subject for operation. The mother stated that two years ago she noticed that the bowel came down, that he would kick and cry on passing water, and that he was always wet. He was physicked for the prolapse for some time, and four months before admission was sounded under chloroform, but no stone was detected.

On being brought to the hospital and examined under chloroform, a stone was at once detected. For four days the child had warm baths and gentle aperient medicine, and on April 23rd the ordinary operation of lateral lithotomy was performed. The bladder was so contracted and the stone so large as to impede the introduction of the staff, and some force was required to make the staff pass under the stone into the viscus. The child had not one bad symptom after the operation; the wound seemed to heal at once; he scarcely wetted the bed at all; and by the twelfth day the wound had quite cicatrized. The stone was a long oval concretion, very rough, with phosphatic deposit, and weighed 200 grains.

CASE 2. — The mother of this patient stated that he had symptoms of bladder irritation for two years, and had passed a concretion of about the size of a small bean. Four months after this she noticed prolapse of the rectum. No medicine was given, except an occasional dose of castor oil. He frequently had warm baths.

On admission, a stone was detected under chloroform. In addition the child, who was a fair, plump, little fellow, had symptoms of bronchial irritation and whooping-cough, which had been going on for about two weeks. The digestive organs, too, seemed out of order, as evidenced by a very loaded tongue and uneven motions. A dose of calomel and soda, and a few rhubarb draughts were administered.

On April 24th there was less feverishness, but the whooping-cough still the same. The child was, however, put under chloroform, and the operation performed. The only difficulty was in catching the stone, which was small, hard, circular, flat, and 80 grains in weight. The incision seemed deep on account of the fat, and perhaps in contrast with the first case, in which the emaciation was extreme. While under chloroform the face got very purple, and the child showed some alarming symptoms of lung obstruction.

Two days after the operation the cough got very bad, and sleep was much disturbed by it. The case began to give rise to much anxiety. Linseed-meal poultices were ordered to the back, belladonna liniment to the front of chest, and a mixture containing five grains of bicarbonate of potash, five of chlorate of potash, two drops of solution of morphia, and one of a solution of atropine was given every four hours. This treatment seemed very satisfactory. The lung symptoms and whooping-cough were decidedly improved after using the mixture for a few days. Meanwhile the wound began to suppurate moderately, the bed and sponge were freely wetted, all the water passing by the urethra on the sixteenth day, and the little fellow went out with his still more fortunate companion on the 24th.

Remarks by Mr. ENSOR.—The complication of whooping-cough is unusual in lithotomy. Some years ago I recorded in THE LANCET a case of lithotomy in a child twenty months old, in whom whooping-cough appeared three days after the operation. The case did well, but, except in those

instances where the sufferings from the presence of the stone in the bladder are very great, and seriously damaging the health, I would not again perform lithotomy when whooping-cough exists. The atropine seemed to have a decidedly beneficial effect upon the cough.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Writer's Cramp and Impaired Writing Power.

THE ordinary meeting of this Society was held on the 12th inst., Dr. C. West, President, in the chair. The evening was occupied with the reading of one exhaustive and elaborate paper upon writer's cramp, by Dr. Vivian Poore.

The following gentlemen were elected Fellows of the Society :—Dr. James Crichton Browne, Mr. C. P. Dent, Dr. W. B. Houghton, Mr. Joseph Lister, F.R.S., Mr. J. H. Morgan, Mr. W. Pye, Dr. F. T. Roberts, Dr. W. J. Voreker-Bindon, and Dr. Gerald F. Yeo.

The following is an abstract of the paper entitled an Analysis of seventy-five cases of Writer's Cramp and Impaired Writing Power, by Dr. POORE. In seventy-four of these cases the condition of the hand completely over-shadowed any other disease, whether general or local, from which the patients were then suffering. Most of the cases merited the name of writer's cramp, or had been so called, but the author has purposely included a few cases which obviously do not merit that name, because the study of them throws some light on the main question. The cases fall naturally into six groups, thus : 1, paralytic (six cases) ; 2, spasmodic (five cases) ; 3, degenerative (nine case) ; 4, neuralgic or neuritic (nineteen cases); 5, writer's cramp (thirty-two cases); 6, anomalous (four cases). The cases are arranged in a tabulated form. It is shown that since the ulnar nerve supplies thirteen and a half out of the eighteen intrinsic muscles of the hand its integrity is very necessary (more necessary than that of any other nerve of the hand) for all delicate manipulation, especially writing. The spasms which affect the hand, and which are particularly prone to follow attacks of hemiplegia, owe sometimes, there is good reason to believe, their character, if not their origin, to a faulty antagonisation (due to a secondary paralysis or paresis) among the muscles of the paralysed limb. Although it is commonly received that such spasms are due to disturbance of the grey cerebral matter, it is well to look also to the peripheral aspects of the question. Provided a nervous impulse, issuing from the brain, be distributed in a limb to equally irritable muscles which mutually antagonise each other, it is difficult to conceive that spasm of definite form should be produced; but should the equilibrium of antagonisation in the limb be destroyed by a secondary lesion, the production of definite spasm is easily conceivable, especially when voluntary control is lessened by a lesion of the central ganglia. In some cases of localised spasm there is no evidence of central change, and it is theoretically possible that the action of a disordered centre on a healthy periphera and the reaction of a disordered periphera on a healthy centre may be identical in their results. It is shown that loss of writing power is often the first and most prominent symptom of degenerative change occurring in the spinal cord or brain. The neuritic or neuralgic group is characterised by a painful and tender condition of the nerves of the limb, which may be induced solely by overwork, but more frequently by a strain or similar injury, combined with exposure to cold and a depressed state of health. Of the nineteen cases in this group twelve were females. Any attempt to use the arm, either for coarse or fine acts, produced fatigue, pain, and neuralgia. It is not always easy to distinguish these cases from true writer's cramp, and, indeed, there cannot be said to be any hard and fast line between the two groups ; but it is characteristic of the neuralgic groups that —first, the symptoms involve a wider area ; secondly, the symptoms are sometimes induced without excessive exercise of any function ; thirdly, nerve tenderness or neuralgia is a prominent symptom. In the group of true writer's cramp considerable care is necessary to detect peripheral evidence of mischief, but the author states that in every case of impaired writing power which he has seen *there has been evidence more or less marked of derangement of one or more of the muscles used for writing*. This evidence consisted of—first, obvious failure to use certain muscles efficiently either for writing or for some other less complicated act ; secondly, the occurrence of consentaneous movement or tremor when certain muscles were put in action ; thirdly, depressed or exalted electric irritability ; and, fourthly, the occurrence of sensory derangement or nerve tenderness. The muscles which are most frequently involved are those of pen-prehension rather than those of pen-movement. Reviewing the cases as a whole, attention is directed—first, to the inferences which may be drawn from an inspection of the handwriting ; secondly, to the fact that joints were found to be implicated no less than twenty-one times, the joint affection being rheumatic, neuropathic, gouty, or due to strained position ; thirdly, to the fact that a difficulty in writing is not very infrequently hereditary, or developed very early in life ; and that, fourthly, any evidence of involvement of the nerve-centres is decidedly rare. Writer's cramp has been spoken of as a disease of "faulty co-ordination," and there can be no doubt that such is the case, for it is evident that the muscles used for writing fail to work orderly together. We are not, however, justified in assuming the existence of a special co-ordinating centre for the controlling of the act of writing, and the author has been unable to find evidence that this centre (supposing it to exist) ever gives way, leaving the periphera, except for the special co-ordinated act, in a state of perfect health. The existence of such a centre appears to the author to be improbable for the following reasons :— 1. Because he has never seen a case of writer's cramp without peripheral evidence of change, and in the majority of cases there has been no evidence of any change other than peripheral. 2. Because, if there be a co-ordinating centre for writing, it must be created, as it were, by education. The co-ordination of writing, which we are many years in acquiring, must be distinguished from those co-ordinated movements (such as the symmetrical movement of the two eyes) which are wholly independent of education. The fact that no two people hold their pens exactly alike, and that it is scarcely more difficult to write with the toes than with the fingers, is much against the probability of the existence of a writing centre. 3. Because writer's cramp is never suddenly established, as aphasia sometimes is. 4. Because it is almost certain that a purely peripheral lesion may cause all the symptoms of writer's cramp. 5. The fact that the left hand (if used for writing) sometimes suffers, as well as the right, is no evidence that the change is central. In previous writings the author has spoken of writer's cramp as a "fatigue disease," and he is still inclined to adhere to the word "fatigue" as a convenient expression for an easily recognisable and familiar condition of the pathology of which we are uncertain. He is inclined to think that occasionally fatigue is the expression of hyperæmia or mild inflammation of a motor nerve, and that the same condition may be produced either by overwork or by accidental causes, such as cold, strain, "rheumatism," or injury. Fatigue especially attacks those muscles which are subjected to prolonged strain, and it is probable that the relative frequency of writer's cramp, as compared with other professional ailments, is due to the fact that prolonged strain of certain muscles (those which hold and steady the pen) is inseparable from the act of writing. Finally, as to the position of writer's cramp in the catalogue of diseases, the author would feel inclined to class it with neuralgia—that is, with a disease the phenomena of which are purely local, but which we recognise as being due not only to conditions affecting the sensory area involved, but also to molecular change affecting any part of the sensory fibre, whether before or after its junction with the nerve-centre. The author concluded by laying down certain principles of treatment for the various forms of impaired writing power.

Dr. BUZZARD remarked that a paper might be so bad as to escape discussion, or so good that no one would attempt to discuss it. The latter was no doubt the reason why no one ventured to break the silence that had prevailed after the reading of the paper; and he rose now because he felt that the Society would be wanting extremely in gratitude to Dr. Poore if some attempt were not made to enter upon discussion, although it was difficult to single out any one point from the number of facts brought together in the paper. He considered this the best *résumé* that had yet been given on