excluded by the movements of all the muscles under painful stimulation, by electrical irritability, and by the absence of muscular atrophy and of retardation in growth.

After reading articles on myotonia by Griffith¹ and by Dunn,² it seemed clear to me that the condition of flaccid weakness of the lower extremities was due to Oppenheim's newly described disease called myotonia, probably developed or accentuated by the illness during infancy.

Treatment.—The child was given strychnin, faradism, massage and resistive exercises. This latter treatment by educative movements proved the most effective of all. At first the child made small progress beyond gaining weight and learning a few words.

In August, 1911, after eight months' treatment, he began to gain strength in his legs. After using a walking chair he began to stand and use his legs and feet. In September, 1911, he was found to be flat-footed and was fitted with appropriate shoes.

By the middle of November he could walk 20 feet alone, could pick up things from the floor and only fell occasionally. About Christmas, he could keep on his feet all day except for the noon rest. He now walks in a waddling fashion with toes turned out, showing that the gluteal and tibial muscles are still weak. The left leg is not so strong as the right. In sitting he assumes a crossed-legged position, and has a marked postural curve in the back. The knee-jerks are absent; the leg muscles are fat and firm. The joints are still hypermobile.

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SUPERNUMERARY AXILLARY MAMMARY GLANDS

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Patient.—Mrs. D., aged 22, primipara, gave birth to a normal robust child in January, 1912. Her puerperium presented nothing unusual until the fourth day, when she complained of swelling and pain in each axilla. At this time, because of the pain, she lay in bed with her arms extended at right angles to her body.

Examination.—There was found in each axilla a tumor as large as a half orange, the base 3 inches in diameter, and the elevation $1\frac{1}{2}$ inches. The right tumor was covered by hair at its upper edge only, while the entire upper half of the left tumor was so covered. The skin over both tumors was entirely normal, not reddened, although quite tense. The tumors were bounded behind by the latissimus dorsi, in front by the pectoralis major, were separated from the normal breast by a distance of 1 inch, and were freely movable on the underlying tissue. At the center of the dome of each tumor there was a darkened area, $\frac{1}{2}$ inch in diameter, from the center of which there projected a small nipple $\frac{1}{8}$ inch in diameter and the same in height. On slight pressure over the tumors, a milk-like fluid escaped from both nipples. On the application of a breast-pump milk squirted from each nipple in four distinct streams. There could be no question as to the nature of these tumors. A sensation of fulness and discomfort was experienced in these axillary milk-glands but milk did not flow when the child nursed the normal breasts.

Course.—The axillary milk-glands increased in size until the sixth day of the puerperium, after which time their volume diminished until the fourteenth day, when there remained only the areola and the nipple to indicate their position.

Cases of this kind are rare; in the available literature there appears no case so beautifully symmetrical as this one, and but eight cases in which supernumerary axillary mammary glands were provided with nipples, although there are about a half dozen other cases in which a milk-like fluid exuded through an apparently normal skin on pressure, and a number of others from which a milk-like fluid was obtained on puncture with a hypodermic needle. While there has been some question as to the

real nature of the nippleless milk-exuding axillary glands, of which some thirty appear in the literature, there is no possible question as to the nature of the case here reported. The patient was seen in consultation by Dr. William Rendleman, Davenport, Ia.

Knaebel¹ and Kayser² present the best recent reviews of the available literature on this subject.

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LACTATION FROM THE MAMMARY GLAND IN THE MALE

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Patient.—A man of Russian descent, aged 24, single, fireman, appearing very muscular and robust, came to me for the first time, complaining of pain in the mammary glands, and a milk-like secretion oozing from the nipples. He informed me that during and after his laboring hours, the glands became more painful and the secretions increased to such a degree

that it saturated his clothing covering the nipples. The patient is in the habit of manipulating and massaging his left gland during his idle time; this, in my opinion, has been a great factor in developing the organ if any tendency to lactation previously existed. This pain or general soreness has been present at varying intervals during the last two years, but no secretive function existed until eight weeks before examination. The latter process has been increasing but slowly.

Examination.—I noted that the left gland was materially larger than the right; the nipple was pouting; there was but a very small amount of pigment deposited within the near area of the nipple; there were, however, a number of shot-like nodules within the skin tissue, simulating Montgomery nodules in the female gland. There was no erosion or thickening of epithelial tissue, no tumors palpable, and no signs of any inflammatory process within or about the gland. The temperature, pulse and respiration were normal. Under the objective fat globules are sparsely distributed throughout the film of fluid; no pus-cells or erythrocytes present.

1. Knaebel, A.: Kasuistischer Beitrag zur Frage der Genese der Mammæ accessorie und der sogenannte Achselhöhlenbrüste ohne Warze und Ausführungsgang bei Wöchnerinnen, Monatschr. f. Geburtsh. u. Gynäk., Berl. 1910, xxxi, 547.

2. Kayser, F.: Achselhöhlenbrüste bei Wöchnerinnen, Arch. f. Gynäk., Berl., 1908, lxxxv, 459.