

cyx, rectum and anus. The labia majora of the two were united in the middle.

In the last three cases there was no tumor, and they may belong to another class, but it does not seem inappropriate to introduce them as illustrations of what all the others at least show—the existence of a formative power in nature, which at times is manifested in the development, in the perineal region, of various elementary tissues, or that more complex combination of them which finally culminates in the formation of a new being.

This view of the subject alone surrounds it with great interest, but the knowledge of the character of the tumors just described is of great practical importance, inasmuch as they are likely to be confounded with spina bifida and malignant growths.

MUSCULAR RHEUMATISM.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

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Two years ago, M. Beau, physician to La Charité, contributed to the December number of the *Archives Générales*, the leading article, entitled "Rheumatism of the Deltoid Muscle, together with certain considerations upon Muscular Rheumatism and Contraction."

I have frequently wished to call the attention of others to this article, which did not, I think, at the time attract with us much notice, and more especially to the views therein expressed in regard to certain points in the pathology and treatment of wry-neck.

The deltoid muscle, and the other muscles which are the more ordinary seats of muscular rheumatism, present the anatomical peculiarity of a close union with the superjacent skin by means of a thin and remarkably firm cellular tissue, so that the muscle and the skin above it may be said to constitute a single mass. To remove the integument from the deltoid much patience is required, while a few touches of the scalpel are enough to separate the skin from the neighboring muscles. A similar relation exists between the skin and the tendinous aponeurosis at the small of the back; and there is the same close connection between the upper part of the trapezius and the integument of the neck.

This anatomical fact explains, then, the ease with which rheumatic symptoms are set up in these muscles, when, in an individual sufficiently predisposed, the skin investing them is first bedewed with copious perspiration, and then, either consciously, or unconsciously as during sleep, exposed to a sudden chill.

An attack of muscular rheumatism varies in intensity from that mildest form in which the pain accompanying the efforts of the affected muscle and its moderate tenderness on pressure are the only

symptoms, to the class of cases in which the slightest movements even of remote parts of the body provoke cries of agonizing suffering, and where even the lightest touch upon the diseased part cannot be endured; while even when in perfect rest the affected muscle is the seat of paroxysms of throbbing and lancinating pain.

In this latter form, an effort is made to protect the patient from his distress, which in certain cases may mislead the observer as to the precise seat of the disease. We all know how in inflammations involving the psoas muscle, the various flexors of the thigh are put in action to preserve the psoas from the slightest motion; how also the masseters, in inflammation of the throat, often rigidly close the jaws, to prevent all movement of the suffering part. It may be added that, though in attacks of muscular rheumatism the parts engaged in this work of protection are free from the extreme pain which is found at the seat of the disease, they experience after a time the sense of aching and fatigue which accompanies prolonged contraction.

In a severe attack, affecting the deltoid, the arm is held applied to the chest, and is immovably fixed in this position by the rigid contraction of the muscles constituting the anterior and posterior margins of the axilla. So marked is this action as to cause, in some cases, slight tumefaction and the sense of formication in the hand from the disturbed circulation and innervation of the part. If, again, the muscular masses at the small of the back be the part attacked, and only one side be affected, the quadratus lumborum, the levatores costarum and other muscles bend the vertebral column towards the painful side, to free the suffering muscle from all risk of tension; or if the two sacro-lumbales are in trouble, the whole spine is bent backwards by its other extensors with the same purpose. In wry-neck, which is often loosely described as a rheumatism of the cervical muscles, the true disease exists in the trapezius, which is attacked sometimes in one region—it may be the right or it may be the left—and sometimes throughout its whole extent. In this instance the protective office devolves, when the disease is limited to one side, upon the sterno-cleido-mastoid, the scalenus, and others, which are placed in a state of rigid contraction and incline the head at the painful side, to a greater or less extent according to the severity of the attack. Suppose, now, that both sides of the trapezius are affected, the deep extensors of the posterior cervical region assume the protective office, and the trapezius is kept in quiet, not by an inclination of the head on one side, but by its being carried directly back; though in this case the protection afforded is less perfect, than that given when there is a lateral inclination.

Not only, then, is it easy when rheumatism attacks the trapezius to decide by the eye alone, and that at a distance, what part of the muscle is in trouble, but there is a very simple manœuvre which will indicate the seat of the disease, and will prove it to exist, as above stated, only in the trapezius.

Try, in a case of lateral inclination, to destroy the obliquity, and to replace the head in its ordinary position, and violent pain is excited, not in the contracted muscles, but entirely and only in the lateral and limited portion of the rheumatic trapezius, which your attempt puts in painful extension. Press, now, the head in the opposite direction in which it is already inclined, you will cause absolutely no pain in the trapezius, and the effort made will even give temporary relief to the protecting muscles, by relaxing their contraction. If the head be bent backwards, a similar manœuvre will produce corresponding results.

The paper, of which I have thus presented, as I hope, the more important points, is a model of medical writing, and well worthy of careful examination. It is illustrated, as regards rheumatism of the deltoid, by several carefully reported cases, and contains interesting statements as to the frequency of the disease as observed by the author.

It is quite possible that the views thus presented are open to grave criticism; they appear to me, in relation to the parts concerned in wry-neck, at least novel, and I have thought them worthy of being brought before the Society.

My own experience of the results of counter-irritation, fomentations, &c., addressed to the region of the sterno-cleido-mastoid, has been so very unsatisfactory, that I am disposed to hail any information which explains the constant failure of such treatment.

Bibliographical Notices.

A Treatise on Military Surgery and Hygiene. By FRANK HASTINGS HAMILTON, M.D., late Lieut.-Col., Medical Inspector, U.S.A., Professor of Military Surgery, &c., Bellevue Medical College, &c. &c. Illustrated with 127 Engravings. New York: Baillière Bros., 520 Broadway. 1865. Pp. 648.

THE need, on the part of those entering the volunteer medical service at the commencement of the late war, of a text-book of Military Surgery, was rendered apparent at that time by an eruption of brief compendiums intended to supply the acknowledged want. Such were the manuals of Drs. Gross, Tripler, Blackman, Hamilton, the re-printed essay of Mr. Longmore, and the special monographs of the Sanitary Commission. The works of Scriver, Baudens, Legouest, or the Blue Book of the British Government were inaccessible, in press, or untranslated, and even now the Italian Campaign and the Crimean War are but just sending forth the digested results of their experience, the elaborate work of M. Chénu having hardly yet reached this side of the Atlantic.

The four years of war now brought to their happy termination, characterized by casualties in such terrible numbers, have furnished a school of military surgery, medicine and hygiene heretofore unequal-