

REPORTS

OF
HOSPITAL AND SURGICAL PRACTICE IN THE
HOSPITALS AND ASYLUMS OF GREAT
BRITAIN, IRELAND, AND THE
COLONIES.

LIVERPOOL ROYAL INFIRMARY.

WOUND OF WRIST, WITH DIVISION OF MEDIAN AND ULNAR NERVES :
COMPLETE PARALYSIS OF MOTION AND SENSATION : SUTURE
OF NERVES EIGHTEEN MONTHS AFTERWARDS :
RECOVERY.

(Under the care of Mr. REGINALD HARRISON.)

WILLIAM E., aged 21, a groom, was admitted in June, 1884. Eighteen months previously he fell through a greenhouse, severely cutting his left wrist. There was a mark of a deep cut transversely across the wrist, just above the anterior annular ligament. The hand was stiff and useless, all the muscles were atrophied, and sensation and motion were completely absent in the part supplied by the median and ulnar nerves. The patient had been obliged to give up his occupation as a groom.

Mr. Harrison opened up the scar by a long vertical incision, and dissected out the ends of the ulnar and median nerves; these were found clubbed, and attached to the scar-tissue. After a rather tedious dissection, the ends of the nerves were freshened with the knife, and brought together as accurately as possible with catgut sutures. The wound was closed, and the limb placed on a splint, with the hand slightly flexed. The wound healed quickly.

A month after this operation, the patient was again placed under ether, when the stiffened hand was subjected to free movement. The amount of stiffness, especially in some of the phalangeal joints, was so great, as to occasion considerable difficulty in thoroughly effecting what was desired. For forty-eight hours after this was done, the patient experienced considerable pain in a part that previously had been almost insensible. The patient left the Infirmary shortly afterwards, improving slowly but steadily.

On December 18th, 1885, the patient again presented himself for examination, when the following report of his condition was taken by Mr. Fox-Parry.

"He has resumed his employment as a groom, and can clean down horses with his left hand, button his clothes, or use a spade just as well as he could do before his accident. The thumb can be fully extended, flexed, and moved normally. The index, middle, and ring-fingers cannot be fully flexed, but sufficiently to grasp any ordinary instrument, and also to act with the thumb. The little finger is of no use, and is slightly and permanently flexed. Sensation is everywhere complete, except in the little finger; the inner side of the ring-finger is as sensitive as the other side."

REMARKS BY MR. HARRISON.—This case points to the importance of suturing divided nerves together in all recent injuries, and of the advantage that might follow such a proceeding even after so long an interval as eighteen months had elapsed after the primary injury. The nerve-supply, in this instance, was completely re-established, except in a few fibres of the ulnar nerve, which, from the absence of sensation in the little finger, apparently failed to unite. With this exception, any inconvenience that the patient is now conscious of is not due to impaired motor or sensory nerve-supply, but to the changes which the joints have undergone by remaining in a stiffened condition for over eighteen months.

WESTMINSTER HOSPITAL.—The Board of Management has lately caused a letter to be sent to the physicians and surgeons of this hospital, to the effect that "the members of this board desire to convey their best thanks to the medical officers of the hospital for the zeal and devotion with which they have performed their duties during the past year." Such a testimonial is, of course, very gratifying to the recipients, but a certain amount of curiosity is excited as to its cause. No such expression of opinion has obtained, at all events, for many years past, and no special epidemic having tried the resources of the staff during the year which has just passed away, the pleasure caused by its receipt is not unmixed with surprise at its emission. If the testimonial be intended to inaugurate a new era of increased cordiality and good fellowship between the members of the board and the hospital staff, the measure cannot be too highly commended.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MONDAY, MARCH 1st, 1886.

GEORGE JOHNSON, M.D., F.R.S., President, in the Chair.

At this, the annual general meeting, the report of the President and Council of the Society, for the year 1884-5, was presented, showing a slight increase in the number of Fellows and revenue of the Society, and a very marked increase of the Fellows and visitors present at the meetings of the Society, compared with the returns of the previous year, namely, from 750 to 960, of whom 171 joined in the discussions. The number of books lent from the library had increased from 3,429 to 4,269, about 25 per cent.

President's Address.—The PRESIDENT delivered the annual address, touching briefly on the lives and works of the twenty-one Fellows who had died in the past year; among the more eminent of whom were Mr. James Moncrieff Arnott, President of the Royal College of Surgeons in 1850 and 1859; Mr. John Gay; Dr. Wardell, of Tunbridge Wells; and Mr. Joliffe Tufnell. Among the Honorary Fellows was Dr. W. B. Carpenter, to whom the President paid a warm tribute of praise for his patient popularisation of physiology and candid researches into the difficult problems presented by mesmerism and other branches of mental physiology. Of the three Foreign Honorary Fellows whom they had lost, Professor Henle was perhaps the most eminent. In a brief review of his chief works, the President dwelt especially on the most interesting and important of his anatomical discoveries; namely, that of the muscularity of the middle coat of the arterioles, which he clearly described and figured in his *Allgemeine Anatomie*, in 1841. This discovery formed the anatomical basis for the experiments and conclusions of Brown-Séquard and Claude Bernard, which led to the present knowledge of the action of the vaso-motor nerves on the arterioles, and the demonstration of their power by producing contraction of the small vessels, either in the lungs or general system, sufficient to overpower and arrest the right or left ventricle of the heart. Professor Henle, in fact, had shown how the vaso-motors could exert what he had himself ventured to call a "stop-cock," action on the blood-stream. The physiologists were agreed in the matter, but not the pathologists. Dr. Goodhart, the learned and most eloquent Bradshaw Lecturer, last August had maintained, in opposition, as he admitted, to the teaching of modern physiologists, that the now generally recognised hypertrophy of the muscular arterioles in cases of chronic Bright's disease was the result, not of overaction in opposition to the heart, but of "an effort of the entire muscular element of the circulatory system to forward a fluid to which the absorptive or appropriate powers of the tissues are ill adapted." If such a doctrine of the propelling power of the arterioles were true, the physiologists were all wrong. Dr. Goodhart further objected to the "stop-cock" theory, that there was no such antagonism in nature as that would imply. On the contrary, however, there was orderly antagonism of flexors or extensors, and many other voluntary muscles, and of circular and radiating fibres of the iris among involuntary muscles. In looking back upon the work of the Society during the past year, the discussion on cholera naturally claimed the first place. It had served to show clearly the very contradictory opinions which were held, not only as to the causes, infectiousness, pathology, and treatment of the disease, but even on such easily demonstrable facts as the relative amount of blood in the right and left sides of the heart after death by collapse. Dr. Koch's position in holding the comma-bacillus to be not only constantly present, but also the agent of propagation of the disease, had been strengthened, in his opinion, since the discussion, by experiments related at the Cholera Congress at Berlin, in May 1885. Dr. Koch had found that he could reproduce cholera in guinea-pigs by introducing comma-bacilli into their stomachs, and insure their death by injecting opium into the peritoneum, whereby the rapid escape of the bacilli from the intestinal canal was prevented by the arrest of peristaltic action. This was quite in accordance with his own observation that the abrupt arrest of choleraic diarrhoea by opium tended to fatal collapse, because it prevented the escape of the poison.

Votes of Thanks.—Dr. GRAILY HEWITT proposed, and Dr. GREEN seconded, a vote of thanks to the retiring President; who, in returning thanks for the vote, spoke warmly of the help he had received from their honorary secretaries, Mr. Howard Marsh and Dr. Douglas Powell, and from their excellent resident librarian, Mr. Bailey.—Dr. B. O'CONNOR proposed, and Dr. ALTHAUS seconded, a vote of thanks to the retiring members of the Council, which was acknowledged by Dr. C. T. WILLIAMS.—Dr. CHURCH proposed, and Dr. BUZZARD seconded, a vote of thanks to their retiring Honorary Secretary Dr. DOUGLAS