



the functions. There was a primary alteration of function, not depending secondarily on organic nerve-disease. Brown-Séquard has shown that in animals, epilepsy sometimes followed peripheral injury, and the same thing was met with in human beings. He mentioned the case of an individual who had severely injured the sciatic nerve. He subsequently developed epileptiform attacks ushered in by pain and spasm of the muscles in the leg, which spread thence to the rest of the body, and was accompanied by insensibility. Here excitement of the sciatic nerve gave rise to a sort of nervous explosion that produced temporary paralysis of the local muscles in the leg and anaesthesia over the same part. In Dr. Savill's patient the effects were probably due to secondary irritation of the nerve-centres; only that in this case a sort of explosion seemed to have taken place of the centres governing the arm, which unfortunately for him was permanent and led to paralysis of the arm. He inquired whether the case could not be paralleled on this theory?—Dr. J. JOSEPH BRY said that at the Manchester Infirmary they not infrequently saw cases of hysterical affections following injury, with features of local paralysis and epilepsy, and in acute cases atrophy sometimes occurred. He mentioned that undoubted lateral sclerosis had followed that kind of contracture. He pointed out that the area of anaesthesia did not correspond to the distribution of any nerve.—Dr. A. T. MYERS mentioned that under the hypnotic influence the arm and fingers became markedly more supple, but the effect was not permanent, and post-hypnotic suggestion had proved quite unsuccessful. The patient could not be deeply narcotised. Dr. Myers thought the symptoms described as paralysis were simply contractures.—Dr. H. S. FOX asked whether the patient was anything like the matter of sex?—Dr. SAVILL, in reply, said that the masculine element was well marked. The pathology of these cases was very obscure, and it was for that reason that he had brought it before the Society.

*Raynaud's Disease, with a Peculiar Eruption on the Face, Scaly at first, subsequently like Erysipelas; Death from Pneumonia; Post-mortem Negative.*—Dr. SAMUEL WEST brought forward this case. H. S., aged 17, came under observation for a peculiar eruption of the face. The fingers were observed to be purple, and on inquiry the affection turned out to be Raynaud's disease, the patient having suffered for about twelve months with recurrent attacks of blueness of the fingers and toes. There was nothing noteworthy in the patient's previous history or in her family history, save that her father occasionally suffered from coldness of fingers and toes in cold weather, which might be of a similar nature. The patient was admitted, and suffered from attacks of blueness of fingers and toes about twice a day for some time. The rash continued on the face. It consisted of a brawny desquamation upon an erythematous base covering both cheeks and the nose. The general appearance was as if the patient had had the parts affected powdered over with starch or flour which had partly caked. The urine was normal, and there were no special signs. The patient was treated with arsenic, and the face rubbed with zinc ointment. She left the hospital improved, but not well. A few days later she became worse, and the mother brought her back. There was no special change, except that the patient seemed very weak and feeble, and that the rash on the face had altered in character. It now looked as if erysipelas, and eruptions, which had been freely treated with powdered starch. The rash involved the forehead as well as the nose and cheeks. Except for the debility and rest, no change occurred for about fourteen days, when the temperature suddenly rose, and the patient looked as if she was suffering from pneumonia, but no physical signs were obtained at the time, nor indeed up to her death, which occurred a week later from exhaustion, the rash on the face remaining unchanged. The *post-mortem* examination was negative, except that the right upper lobe was in a condition of pneumonia. The radial artery and median nerve and the medulla were examined microscopically, and yielded no evidence of change. The case was described on account of the peculiar eruption on the face, which was thought to be really part of the disease, and if so had, it was believed, not been previously described.

Dr. BRY observed that the more they saw of Raynaud's disease the more they saw that the term was very vague and comprehensive, and that it covered cases of very different symptoms. One of the common features of the disease was its being paroxysmal—that was essential; and, secondly, there was a chronic alteration of the skin. It was unsatisfactory to discuss skin diseases without seeing the case; but the drawings certainly pointed to some amount of chronic change, which had been

designated "tâchettes," and in which there was a certain amount of blood extravasation. Raynaud found altered blood pigment in such patches. In his (the speaker's) appendix to Raynaud's memoir he did not think he had given a sufficient account of the skin attack as described in a case by Dr. Case, which had been accompanied also by some nutritional changes in the eye. It was now fashionable in many cases to say there was peripheral neuritis; but in many such cases no peripheral neuritis had been found. The question, however, was as to the nature of the change.—Dr. HINGSTON FOX said it was interesting that the *post-mortem* examination was made shortly after the disease began, and before the peripheral nerves were involved. According to Mr. Hutchinson, the changes in these nerves were secondary, and occurred late in the disease. He asked whether the lung mischief might not come under the same head of vasomotor spasm.—Dr. CHARLEWODE TURNER asked whether there was any spasm of the muscles of the face to interfere with the nutrition of the skin of the face.—Dr. WEST, in reply, said that no microscopical sections of the skin on the face had been made for obvious reasons. The changes were hardly noticeable after death. The patient had been under treatment for the skin affection on the face before the diagnosis of Raynaud's disease had been arrived at. The pneumonia came on in the ordinary way, as far as he could judge.

*Living Specimens.*—Dr. DE HAVILLAND HALL exhibited two patients. Case I.—Deep epitheliomatous ulceration of the right tonsil. When the patient first came under treatment, the rapid course of the ulceration and the general appearance of the ulcer suggested the sloughing out of a gumma; but against this view were to be set the indurated edge of the ulcer and the enlarged and hard glands at the angle of the jaw. In spite of the temporary improvement under large doses of iodide of potassium, there could be no doubt at the present moment of the malignant nature of the disease. Case II.—A man aged 62, with fibro-lipomatous tumours in the subcutaneous tissue of the arms, and marked clubbing of the fingers and slight clubbing of the toes. With the exception of slight indications of emphysema and some thickening at the root of the lung (? due to fibrosis), nothing abnormal could be detected in the chest to account for the clubbing.

#### MEDICAL SOCIETY OF LONDON.

MONDAY, FEBRUARY 11TH, 1893.

Sir WILLIAM MAC CORMAC, F.R.C.S., President, in the Chair.

On the *Excision of Bone in Order to Promote the Healing of Certain Wounds or Ulcers or to Relieve Contracture Resulting in Connection with the Process.*—Professor ANNANDALE, of Edinburgh, read a paper with this title. He remarked that the procedure was by no means new, and that his first experience of it was in the practice of the late Mr. Syme more than twenty-five years ago, since which time he had himself operated upon several cases. For conciseness he considered the subject under the following four heads: 1. The removal of a portion of bone, not including its entire thickness. 2. The excision of a portion of the entire thickness of a bone, or in the case of the forearm and leg of the two bones. 3. The partial or complete excision of a joint when the sore or contracture involved the soft parts in its neighbourhood. 4. The excision of a portion of the entire thickness of one or other of the bones of the forearm or leg in order to allow the proper approximation of the ends of its companion bone which had suffered some loss of substance. In regard to the latter, he observed that, although scarcely included in the title of the paper, it was very nearly allied to it. He then described a number of cases illustrating his practice as recorded by other surgeons. One of the most interesting was that in which the Professor had successfully removed  $2\frac{1}{2}$  inches of the shaft of the tibia and fibula in order to promote contraction and healing of a large sore upon the leg. In conclusion, he stated that, as a primary operation in cases of injury, this procedure was not likely to be useful except in rare cases, as it was impossible in the first instance to be certain of the exact amount of the loss of the soft parts, and he expressed the hope that the experience of the operations referred to would encourage surgeons to make use of the principle in suitable cases.—The PRESIDENT observed that the operation suggested by Professor Annandale might prove of service in cases which would otherwise be hardly accessible to surgical interference. He suggested, however, that in many such cases the transplantation of