failed. Under low powers, these bodies appear to be homogeneous, but when highly magnified are seen to be granular or to contain numbers of minute sporelike bodies. Either grouped or in individuals, these bodies seemed to be surrounded by a more or less clear space. Whether actually so, or really due to the fact that their surrounding medium will not stain, is uncertain. I am myself inclined to the latter view, and that the apparently clear space is nothing but a transparent and degenerated state of the cells in which they have taken up their abode. Those further interested in this matter I would refer to Dr. Cunningham's paper, which is the ablest and clearest account of the modern pathology of these sores yet published.

DUPUYTREN'S CONTRACTION OF THE PALMAR FASCIA TREATED BY HYPNOTISM.

By GEO. C. KINGSBURY, M.A., M.D.,
Blackpool.

CASES of Dupuytren's contraction of the palmar fascia, of greater or lesser severity, are very common, but there is as yet no unanimity amongst surgeons as to the best mode of treatment. On one point only is there complete accord, that is, to quote Erichsen, "the treatment is purely operative." Possibly this want of agreement in the profession is the reason why so many patients are willing to put up with the deformity rather than submit to operative interference.

Professor Langhans, as a result of careful microscopic investigation, maintains that the trouble is due to neoplastic or inflammatory changes, partly in the palmar aponeurosis, partly in the neighbouring tissues, including the coats of the arteries and also the capillaries, about which a subendothelial granular adventitia has formed. Dupuytren considered the contraction to be due to fibrous prolongations of the palmar fascia, passing from its lower aspect to the sides of the fingers. Goyraud, on the other hand, regards these fibrous bands as ligamentous structures, extending from the anterior inferior aspect of the palmar fascia to the sheaths of the flexor tendons, and considers them due to a hypertrophied condition of the subcutaneous filaments of fibro-cellular tissue which are normally present.

Amongst the operations recommended are: Goyraud's, which consists in exposing the contracting bands by means of longitudinal incisions, and then dividing them in several places; Kocher's, in which total extirpation of the thickened and shortened palmar fascia, with its extensions, after longitudinal incisions of the skin, is performed; Busch's, which consists of dissecting the contracted fascia from the flexor sheaths by a V-shaped flap, the apex of which points to the wrist; the fingers are then extended and the flap attached to the incision, the result being a Y-shaped cicatrix; lastly, there are the subcutaneous methods, (1) by simple division of the fascia, (2) by Adams's method of multiple division.

Anyone interested in the results of the various operations should consult Mr. Adams's papers or Mr. Macready's.¹ Also Mr. Noble Smith's record of seventy cases, published in 1885. Such a perusal will, I think, lead to the conclusion that the method adopted by Mr. Adams is the most satisfactory and generally applicable. The after-treatment consists in mechanical extension, kept up for some weeks day and night, but continued at night for several months.

There are difficulties in the way of all operative treatment; thus the methods of open incision sometimes leave the hand worse than before, whilst the subcutaneous operation requires the greatest dexterity, and even when this is present accidents may mar the result of the operation, as in the case of Dr. Myrtle, of Harrogate (so ably described by himself),² where rupture of the integument, together with serious symptoms arising from prolonged inhalation of ether, rendered it impossible to complete the operation.

The case which I am about to record is interesting, inasmuch as I believe it is the first of its kind which has been published.

E. A., aged 45, a barber by trade, had suffered from a gradually increasing contraction of the palmar fascia in both hands, the right having been more or less affected for twelve years, and the left for eight years. He attributed the ailment to the cramped position of his fingers in shaving and haircutting, but it is interesting to note that his father had for years suffered from phalangeal contraction of the ring and little fingers of both hands. The patient was also subject to subacute rheu-

Fig. 1.—Photograph showing the palmar aspect of the hands and the fibrous bands as they appeared before treatment.

matism, but otherwise healthy. About a year ago both hands became so painful that he was wholly unable to continue his work, and had to dispose of his business. Since then the contraction had remained about the same, but the pain continued very severe, and effort to do any work brought on most

Fig. 2.—Photograph showing condition of hands ten days after treatment. The top of the little finger of the left hand was cut off in a machine accident many years ago.

acute paroxysms. If he grasped anything round, such as a broom handle, the fingers became cramped, and he had to put them in hot water to free them.

The photograph, Fig. 1, shows the condition of his

¹ BRITISH MEDICAL JOURNAL, February 22nd, 1890.

² BRITISH MEDICAL JOURNAL, January 14th, 1882.

hands when he came to me for treatment on November 11th, 1890.

I hypnotised the patient readily by Liébeault's method, and he became cataleptic. I then extended all the fingers as fully as possible, and rubbed the palms freely, complete anaesthesia being present. I hoped in this way to be able to modify the pain, but did not expect any further improvement.

The next day he returned, and reported that not only was the pain considerably lessened, but that he had great freedom in the movement of his fingers. I repeated the proceedings of the former day, and since this second sitting he has remained absolutely free from pain, and with perfect motion in every finger.

Fig. 2 shows the present condition of the hand.

Of course, from one case, I do not for a moment wish to draw any hasty conclusion, but I do think a case of palmar contraction apparently cured in two days without the use of chloroform or ether, tenotomy or splint, is sufficiently interesting to justify its publication, and also sufficiently striking to warrant the trial of the means adopted in similar cases before having recourse to a difficult or dangerous operation, entailing, even in the most brilliant instances, a tedious and irksome after-treatment.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

TWO UNUSUAL CASES OF INFLUENZA.

DURING the last epidemic of influenza two unusual cases came under my notice. The first, before being placed under my care, had been ill between two and three months with bronchitis and pleurisy, and had come down to this neighbourhood to recruit, as he was considered to be quite convalescent. After being here for a few days he was suddenly seized with bilious vomiting, and the temperature rose to between 103° and 104° F. For this he was treated with effervescing citrate of potassium and small doses of digitalis. In about a fortnight's time he seemed pretty well again, and was allowed to go downstairs, but in two or three days afterwards the temperature began to rise again, and he complained of pain in the left hypochondriac region, together with some tenderness. There was a distinct hard swelling to be felt, and this went on increasing till it could be made out below the ribs as far as the median line. Dr. Broadbent, who saw the case, said the spleen was very much enlarged, and advised the quinine which he was taking to be continued. Upon this treatment the swelling subsided, and the patient eventually got quite well.

In the second case there was sibilant rhonchus and harsh breathing over the whole of both lungs, but little or no expectoration. The temperature throughout the greater part of the illness was only about 97°, while the pulse was about 84, soft. The respirations were about 30 in the minute, and the tongue dry and brown. The treatment consisted in the administration of ammonia and bark; turpentine stupes to the chest; plenty of beef-tea and milk, with brandy and champagne. Upon this the patient slowly improved, and in about a month was convalescent.

The other cases I had under care were more or less of the ordinary type, and were mostly treated with quinine.

Surbiton.

F. P. ATKINSON, M.D.

A TRAVELLING NEEDLE: REMOVAL.

SOME time ago F. S., aged 50 years, consulted me, complaining of a needle in his stomach. The history was that, fourteen years previously, he sat down on a needle, which entered the right buttock. The part was poulticed, and the needle believed to have come away, as no after-discomfort was felt. Five years ago cough, expectoration, with hæmoptysis at intervals, supervened. These signs of lung mischief lasted six months, and were not benefited by medicinal treatment or a sea voyage. A few months after returning he got rapidly well, and continued in good health for over a year, but then

developed liver trouble, complaining of pain and tenderness over that organ, which was also found enlarged. There was slight jaundice later. These symptoms only continued a few weeks, but were not affected by treatment, when he again rapidly recovered, and has continued so up to the present.

Examination revealed a sharp body situated under the position of the pylorus and apparently in the right half of the rectus abdominis. Its removal was effected as follows:—Anaesthesia was produced by cocaine. Fixing the needle over the costal cartilages, a fine Graefe's knife was introduced so as to feel the body with its point. A clean cut was then made upwards, leaving a trench-shaped wound, with the needle lying in its apex. With broad-pointed forceps introduced its removal was successfully accomplished. The wound healed by first intention.

It was found to be the blunt half of the original needle, and was coated with rust, showing exposure to atmospheric conditions in the lung. It is probable that, after traversing the right gluteal and lumbar regions, during which period there were no symptoms, it perforated the base of the right lung, occasioning the symptoms mentioned, that it then entered the diaphragm, with negative signs, but on emerging and traversing the upper surface of the liver it set up some perihepatitis, finally entering the posterior surface of the rectus at the upper deficient portion of its sheath and becoming embedded there as found.

It is interesting here to note the gravity and variety of symptoms, with their somewhat sudden beginning and ending; the great tendency for foreign bodies to travel, and in a direction from the periphery towards a more central part (probably to one of rest) of the body. It would also appear that while muscle was the medium of transit, symptoms were here negative.

It is well to remember the necessity for seeing or feeling a foreign body before attempting its removal, especially as one is apt to be induced to do so by strong subjective testimony. Haemorrhage—a difficulty in the case of a foreign body in the palm, and which is overcome by previously rendering the limb bloodless and taking care to put a pad of wool over the seat of puncture to avoid deepening it while so doing—was easily avoided by the pressure required to fix the needle.

WM. TWEEDDALE THOMSON, L.A., M.B., C.M.(Edin.).

St. Andrews, N.B.

FRACTURE OF THE HUMERUS: HEREDITARY DEFORMITIES.

THE cases of fracture of the humerus from muscular action, reported by Messrs. Greenwood and Tatham, remind me of a case attended by me in 1888 at the Birkenhead Borough Hospital. The patient, a young muscular man, had been spending the day at New Brighton, and amusing himself by throwing stones at some mark on the sea shore. While doing so he felt the humerus suddenly snap, and on examining him I found an oblique fracture just above the insertion of the deltoid. There was no history of any previous fractures.

With regard to your annotation on supernumerary digits, I met some years ago a member of a family in Ireland afflicted—or, as they thought, blessed—by the possession of an extra digit on each hand. I was assured that the peculiarity had been present through several generations. In at least one instance atavism had occurred, a daughter of the family, naturally formed, bearing children with an extra finger. The malformation was looked upon as "lucky," and they felt considerable misgiving whenever a child was born to them with the natural complement of fingers.

I have also recently seen a girl suffering from contraction of the flexor tendons of the second toe of each foot. She told me the same deformity had been common in her mother's family for at least three or four generations.

St. Mary Cray.

JOHN P. HENRY, M.D., B.Ch.Dub.

DANGERS OF EXALGINE.

I WAS attending a boy, aged 14, who had nearly recovered from rheumatic fever, when he was seized with most severe pains of a neuralgic character in one leg. I had prescribed pulv. ipecac. co. in 10-grain doses, which generally gave relief; but, having had some exalgine sent me, I determined to