appearing in the mesogastrium (Fig. 3), and appropriating one of the gastric arteries for its own supply. Nothing now remains but to give new and puzzling names to the various parts of the mesogastrium and of the splenic artery. Similar synthetical methods are applicable to the hepatic artery and to others, and, I might further add, to other parts of the body, especially the nervous, genito-urinary, and vascular systems. Moreover, it may not be out of place to add that synthetical methods of this nature are the clue to fresh discoveries.

Diagram 3.—S, stomach; MG, mesogastrium.

In addition to the more scientific branches of human anatomy, topographical anatomy is peculiarly suitable for being lectured upon; moreover, it has the advantage of being of the greatest and most immediate practical value. Frozen sections have of late years added to the practicability of this branch, and are an excellent method of demonstration. Scotch anatomists deserve great praise for the share they have taken in promoting this branch of anatomy.

Looked at from another standpoint, anatomy, properly taught, affords an admirable training. In the first place, it cultivates the powers of observation in a high degree; and in the second, affords a much-needed opportunity of learning manual dexterity and the use of instruments, and also familiarity with the appearance, texture, and consistence of the different tissues. These can only be acquired in the dissecting-room and by individual exertion. To make anatomy a training of this kind, and to teach students how to learn for themselves, and, I add, to teach them how to learn for the rest of their lives, a large teaching staff is necessary, and an abundant supply of material.

The first of these desiderata is easily achieved; it is merely a question of reward. Adequate remuneration and due promotion procure a staff large enough to teach students how to observe, and also how to learn for themselves. The London schools are well provided with demonstrators, and where proper organisation obtains, each student receives individual attention.

The supply of suitable material is a more difficult problem. In London a student can be supplied with three parts in a winter session, and industrious men occasionally complete the whole body before the end of May. Where an adequate supply is wanting, prepared specimens and diagrams are most inadequate substitutes for dissection. The former may in a trifling degree assist in training the powers of observation, but they leave all the rest undone.

As for diagrams, I cannot help thinking that our philosophers ought to make an addition to the seven material fallacies, and add the fallacy of the diagram. I remember once being asked whether the lesser sciatic nerve supplied the knee-joint! "Why do you ask?" "Because So-and-so says it does!" "Did So-and-so show it to you?" "No; but he drew it upon the slate!" That alone was adequate evidence. Students have ill-developed critical faculties, and whatever enables them, as they think, to learn easily, is popular. Perhaps the most popular of all is the positive, dogmatic, unscientific teacher.

While the matter and manner of teaching have been briefly mentioned, nothing has been said concerning the recipients; but it must be evident that no method of anatomical teaching can be attended with success which has not a due regard for the idiosyncrasies of those who are taught. Sometimes men who have taken honours at our universities are quite at a loss to learn anatomy. Their memories and thoughts seem trained in another groove; they are able to learn by heart, but cannot acquire those

mental pictures which anatomy requires. Such faults as these are soon redressed when their cause has been recognised.

Finally, the hardest part of our task as teachers is done when we have taught our pupils to observe and think for themselves—a task, I confess, hard to achieve, but full of interest to ourselves and highly conducive to their success.

THE VALUE OF NERVE STRETCHING IN LEPROSY: BASED ON ONE HUNDRED CASES.

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THIS paper forms part of a Government report on leprosy in Trinidad. It was undertaken in consequence of some reports from India which have spoken very highly of the value of nerve stretching in leprosy.

Thus Lawrie (quoted by Horsley in Heath's *Dictionary of Surgery*) reports thirty cases in which the operation was done for anæsthesia, and says they were all successful.

Downes also, in a paper read before the Medical Society of London on May 20th, 1886, mentions thirty-two cases of leprosy in Kashmir in which the operation was done. He says that they all were benefited by the operation, and that in some the ulcers healed completely, and sensation was nearly restored to its normal state.

The most probable explanation of the influence of nerve stretching on ulceration, neuralgia, or other conditions seems to be that given by Mr. Marshall in his Bradshawe Lecture in December, 1883, and based on the experiments of Mr. Victor Horsley. The latter has shown that when the great sciatic nerve is stretched, the stretching is observed to affect the sacral plexus, and passes to the roots of the nerves, disturbing the dura mater and shaking the cord through the ligamentum denticulatum. Thus the ganglia of the cord are probably affected, and an excitation of the vaso-motor centres or trophic centres is produced.

I repeated the experiment on the dead body, and found that when the lumbar dura mater was exposed from behind, no movement was to be seen on stretching the sciatic nerve. When, however, a window was cut in the dura mater, a distinct downward dragging of the cord was observed when forcible tension was exerted on the sciatic.

This theory of a shaking of the trophic and other centres seems to me to derive additional support from two observations which I have made during the past year:

1. That stretching of the great sciatic seems to be attended with better results than stretching of such a nerve as the median, which is nearer the periphery.

2. That sometimes after stretching a nerve on one side of the body, sensation appears to be improved on both sides. This would look as if in these cases a greater "nerve-storm" had taken place, the ganglia of both sides being shaken or affected. This of course might depend on various factors, such as greater force employed in the stretching, or looser sheaths or surroundings of the nerves.

I now come to my personal experience of the operation. This is based on 100 operations performed on sixty patients. The particulars of the various cases are condensed in an appendix to this paper, and the whole is summarised in a short table.

It will be seen that the sciatic has been stretched twenty-six times, the external popliteal eleven, the median forty, the ulnar at the elbow eighteen, the ulnar above the wrist four times, and the supra-orbital once.

It will be well to notice shortly the various reasons for operation. I should mention at starting that a nerve was often stretched for more than one reason, such as pain and ulceration, but in the table the most prominent symptom has been taken as the reason for operation—ulceration.

Various nerves were stretched for ulceration in thirty-eight cases. As a rule, more or less good effect was observed, especially in perforating ulcer of the sole. The ulcer in these cases often healed in a few days.

Of course an obvious fallacy here is that the stretching of the sciatic necessitates remaining in bed for some days; so that it is difficult to estimate how much of the good result is due to this

One Hundred Cases of Nerve Stretching.

Name.	Age.	Country.	Form of Leprosy.	Time Affected.	Nerve Stretched.	Date of Operation.	Date of Last Examination.	Reason for Operation.	State of Nerve when Exposed.	Result.	Remarks.
1 James Alfred	M F 77	Africa	A	3	L median	Oct. 15, 1886	Jan. 9, 1888	Anaesthesia of hand in course of median	Rather swollen	Some increase of sensation in palm. More movement of fingers. Relief of pain. No difference	When tested with eyes shut, sensation appeared slightly improved immediately after operation.
2 Juan Campo	43	Margarita	"	16	"	Oct. 18, 1886	"	Anaesthesia	Slightly enlarged	—	—
3 William Shaw	16	Trinidad	"	2	R median	"	"	"	Enlarged	Sensation seems better on both sides	—
4 James Alfred	77	Africa	"	3	R ulnar above wrist	Oct. 22, 1886	"	Anaesthesia: 4th and 5th fingers	Reddish: a little thickened	No difference in course of ulnar	General result as in No. 1.
5 Baturan	63	India	M	10	L median	"	Dec. 27, 1886	Swelling and ulceration: 1st and 2nd fingers	Very swollen: flabby	No difference in ulceration	—
6 James Bolland	12	Trinidad	"	1	L ulnar above wrist	Oct. 25, 1886	Jan. 9, 1888	Anaesthesia in course of ulnar, and contraction of 4th and 5th fingers	Somewhat enlarged	No difference	There appeared to be a temporary lessening of anaesthesia a month after operation. There appeared to be slight temporary increase of sensation in palm after operation, but he said fingers became more anaesthetic.
7 Chevry Apollon	48	France	A	4	L median	"	Dec. 28, 1886	Pain in palm and anaesthesia of fingers	Nervethickened. Juice from exposed nerve was collected and strained but no bacilli found	"	Anaesthesia on right side of body seems less since operation. In consequence of the relief he got from this operation, he asked that the left sciatic might be stretched
8 Mahadev	50	India	"	6	"	Nov. 1, 1886	Jan. 11, 1888	Anaesthesia	Somewhat enlarged	"	—
9 Charles Vesprey	21	Trinidad	M	6	R sciatic	Nov. 3, 1886	Nov. 26, 1886	Painful gangrenous ulcer of foot	Normal. Nerve examined post mortem May 6, 1887: No evidence of having been stretched was found	Ulcer covered with thick healthy granulations. No odour of pain	—
10 Ramdial	30	India	A	5	L median	Nov. 5, 1886	Aug. 29, 1887	Anaesthesia and contraction of fingers. Ulcer on left forefinger	Not seen	No change in anaesthesia or contraction. Ulcer healed	—
11 Parial	41	"	M	7	L sciatic	Nov. 9, 1886	Dec. 1, 1886	Painful ulcer at back of heel	Not seen	Ulcer nearly healed: not painful	Some yellow fibres found post mortem in nerve. No other change.
12 "	"	"	"	"	L median	"	Dec. 3, 1886	Ulceration of thumb and fingers. Hyperaesthesia	Much thickened. Enlarged comes nervi running along it	Ulcers on fingers healed	No difference found post mortem between medians of two sides.
13 Joshee	38	"	"	4	R sciatic	Nov. 12, 1886	Jan. 11, 1888	Painful ulcer under right great toe. Skin tense and painful over shin	Normal	Granulating incision sole of foot. Not painful	Ulcer healed by Dec. 20, 1886, but foot became swollen again on Feb. 9, 1887, and ulcer had to be incised. Several pieces of dead bone removed from foot since then.
14 Joseph Brown	39	Trinidad	A	22	"	Nov. 17, 1886	Dec. 11, 1886	Ulcer on right sole. Pain and swelling of foot and leg	Not enlarged	Ulcer smaller. Pain almost gone. Leg less swollen	—
15 Sewnadge	50	India	"	8	L sciatic	Nov. 22, 1886	Jan. 9, 1888	Numerous sinuses of foot leading to dead bone	Not seen	Only one small sinus running in about $\frac{1}{2}$ in. small ulcer top of great toe. No change in anaesthesia	Numerous necrosed fragments of tarsal bones removed on Dec. 1, 1886. Stretching seemed to facilitate separation of dead bone.
16 Gobadan	50	"	"	1	R median	Nov. 23, 1886	Jan. 13, 1888	Anaesthesia	Slightly enlarged	No difference	Only slight sensation of pain when nerve was stretched.
17 Charles Vesprey	21	Trinidad	M	6	L sciatic	"	April 29, 1887	Large offensive ulcer on dorsum of left foot. Pain and swelling of foot	Normal	Ulcer becoming gangrenous	Operation done at his own request. The ulcer became a little cleaner for a few weeks after operation.
18 Robin Gobonia	18	Venezuela	T	9	L median	Dec. 1, 1886	Jan. 9, 1888	To watch effect on tuberculation of hand	Enlarged: mottled	No effect	—
19 Takee	34	India	A	7	R median	"	Jan. 13, 1888	Sinus and swelling of finger. Anaesthesia	Slightly thickened	No difference in sensation	Finger had to be amputated.
20 Niamat	18	"	"	4	L sciatic	Dec. 3, 1886	Feb. 2, 1887	Pain in foot and round ulcer at back of heel	Normal	Ulcer spreading again. Granulations dark and indolent	The ulcer healed by Dec. 11, and there was no pain, but a fortnight later he got a blow which caused a hematoma and started the ulcer again.
21 Sheekha	40	"	"	11	"	"	Jan. 11, 1888	Perforating ulcer over ball of great toe. (Says he has had it 11 years.) Pain in foot	Not seen	Ulcer smaller: $\frac{1}{2}$ by $\frac{1}{2}$ in. No pain	Ulcer had been incised since operation.

No.	Name	Age	Sex	Location	Date	Operation	Result	Remarks
18	Robin Gobonia	34	M	Venezuela	Jan. 9, 1888	To watch effect in laceration	Not noted	No effect
19	Gopee	34	M	India	Dec. 11, 1886	For anæsthesia and to watch effect on effusion in wrist	Reddish: rather swollen	No effect: circumference of wrist this same (7 in.) at time of operation
20	"	34	M	"	Dec. 17, 1886	"	"	"
21	Henry Hart	21	M	Trinidad	Dec. 27, 1886	Intensely painful ulcer of foot	Not seen	Ulcer healed. No pain in foot or leg
22	Bundhoo	6	M	India	Dec. 24, 1886	For anæsthesia and washing of muscles in peroneal region. Ankle half-like	Slightly swollen	Sensation good. Circumference of leg has increased ½ in. on right side, ½ in. on left. Ankle firmer. Walks a great deal in his garden
23	Mahadeer	6	M	"	Jan. 11, 1888	Anæsthesia	Not noted	No complaint of pain when nerve was stretched.
24	Assee	1	M	China	Dec. 31, 1886	Sinuses and swelling about stump of great toe. Gangrenous ulcer of middle toe. Swelling of foot. Pain up leg and thigh	Not seen	Pain disappeared in about 3 weeks. Dead bone removed from foot.
25	Juman	1	M	India	Jan. 11, 1888	Anæsthesia of forearm and hand	Normal	Leg amputated on Jan. 27, 1887. Stump healed in two months.
26	Malivo	4	M	"	Jan. 26, 1887	Two deep perforating ulcers of foot with much pain	Not seen	Since operation several incisions were made, and a good deal of dead bone removed from foot.
27	Moses Wilson	17	M	Africa	Jan. 8, 1887	Three painful perforating ulcers of sole	Normal	Leg amputated on Jan. 27, 1887. Stump healed in two months.
28	Bessessar	16	M	India	Jan. 12, 1887	Perforating ulcer over ball of great toe	"	Ulcer healed entirely in a month but soon broke out again and we encouraged it with poultices.
29	David Congo	25	M	Africa	Jan. 13, 1887	Complete anæsthesia	Enlarged	There was not the least evidence of sensation or pricking, tapping or stretching the exposed nerve.
30	Torkee	7	M	India	Jan. 19, 1887	Perforating ulcer over ball of great toe	Normal	Since operation great toe was amputated and ulcer freely incised; also much dead bone removed, the foot been split up between the metatarsal bones. Stump of 5th finger became gangrenous after amputation.
31	John Saunders	4	M	Trinidad	Jan. 9, 1888	To watch effect on tuberculation of 4th finger and stump of 5th (amputated at same time) also on healing of stump	Thickened: about ½ in. diameter	Temporary relief of pain.
32	Sylvester Auguste	9	M	St. Vincent	Aug. 12, 1887	Painful perforating ulcer of foot	Normal. Considerable hæmorrhage from corns near vi. healiadici	Two days after operation there was hyperæsthesia over <i>l'achilles</i> , then good sensation for about 3 months.
33	Bolai	2	M	India	Jan. 31, 1887	To watch effect on anæsthetic <i>tâches</i>	Normal	Ulcer healed by March 2, 1887.
34	Bodhoo	8	M	"	Jan. 11, 1888	Deep perforating ulcer of heel	Not seen	Ulcer was fairly healed by Feb. 21, 1887, we got it open after with poultices. Freely incised. No complaint whatever when nerve was stretched
35	Mungaroo	7	M	"	Feb. 9, 1887	Perforating ulcer over ball of great toe	Normal	Seven days after the operation, a little sensation on ulnar side of hand was noted.
36	Mootee	7	M	"	Feb. 11, 1887	Sinus and swelling of 4th finger	Not noted	Large T incision made in sole at time of operation. Pain much less in 4 days: almost gone in 11.
37	Randial	5	M	"	Feb. 14, 1887	Anæsthesia of forearm and hand	"	Sinus in foot was freely slit up outwards, foot being half amputated. Patient was put on iodine and mercury for antiseptic ulcer of skin.
38	Henry Hart	21	M	Trinidad	Feb. 21, 1887	Great pain in sole. Asks for amputation	Normal	
39	Khadoo	8	M	India	March 9, 1887	Ulcer of sole 3 x 2 in. Foot oedematous, painful	Distended blood-vessels lying on nerve	

Name.	Age.	Country.	Port of Birth.	Nerve Stretched.	Date of Operation.	Date of Last Examination.	Reason for Operation.	State of Nerve when Exposed.	Result.	Remarks.
44 Seetial	M F 46	India	M	4 R external popliteal	March 9, 1887	Jan. 13, 1888	Tension and pain over shin. Anæsthesia of sole	Enlarged	Skin less tense. No pain. Good sensation in foot. Dorsum becoming tuberculated	—
45 "	46	"	M	4 L external popliteal	"	"	"	"	"	—
46 Niamat	19	Trinidad	A	5 "	April 1, 1887	Jan. 4, 1888	Ulcer back of heel very painful. Aids for amputation.	Not noted	Ulcer congested, indolent. About 2½ x 2½ in. Not painful	Ulcer became smaller 3 days after operation, but soon increased in size again.
47 James Boland	12	"	M	1 R sciatic	April 20, 1887	Jan. 9, 1888	Perforating ulcer over base of 2nd metatarsal about 1 in. diameter and 1 in. deep. Swelling and pain of foot and leg.	Normal	Ulcer still about 1 in. deep, but diameter much less. Another ulcer 2 x ½ in. has formed over outer side of sole. No difference in sensation. Pain gone	Piece of bone came away 2 weeks after operation and pain then vanished.
48 Boodhoo	44	India	A	8 R median	May 2, 1887	Jan. 11, 1888	Painful ulceration (from burn) of fingers of right hand	Slightly enlarged	Fingers firmly healed. Anæsthesia the same	Joint of one finger was opened, that finger eventually healed.
49 Imamkhan	47	"	A	11 L median	May 4, 1887	Jan. 13, 1888	Swelling of hand and pain up arm after thecal abscess of index finger	Swollen; dull-looking	Finger fixed; swelling gone; anæsthesia the same	Six incisions made in hand and finger; also much slough removed.
50 Elvira Archibald	8	Trinidad	M	1 "	May 11, 1887	Jan. 11, 1888	To watch effect on tuberculation and for anæsthesia of fingers	Enlarged	No effect on tuberculation. Anæsthesia gone from fingers	—
51 Robin Gobonia	18	Venezuela	T	9 L ulnar at elbow	"	Jan. 9, 1888	To watch effect on tuberculation	Not noted	No effect	—
52 Elvira Archibald	8	Trinidad	M	1 R median	May 25, 1887	Jan. 11, 1888	To watch effect upon tuberculation and for anæsthesia of fingers	Slightly enlarged	No effect on tuberculation. Anæsthesia gone from fingers	—
53 Luckea	60	India	A	4 L median	May 27, 1887	Jan. 4, 1888	Anæsthesia	Not noted	No difference	—
54 Luchmon	37	"	A	2½ R median	June 1, 1887	Jan. 16, 1888	Painful crack over 1st interphalangeal joint of middle finger, exposing tendon	Very much thickened: ½ in. diameter	Finger healed. Sensation appears somewhat improved	—
55 Joseph de Freitas	50	Madeira	A	½ L median	"	Jan. 4, 1888	Anæsthesia	Slightly enlarged	No difference	—
56 "	50	"	A	½ R ulnar at elbow	"	"	"	Contained some yellow streaks	"	—
57 Julian Brown	20	Trinidad	M	6 R median	June 6, 1887	Jan. 11, 1888	To watch effect on tuberculation	Somewhat enlarged	No effect	—
58 Mootee	44	India	M	7 L median	June 10, 1887	"	To hasten healing of stump and perhaps prevent necrosis of metacarpal bone	Not enlarged	Stump firmly healed. No difference in anæsthesia	Sinus running down stump to palm had to be slit up.
59 Sampul	35	"	M	1½ "	June 13, 1887	Aug. 29, 1887	To try effect on swelling of hand and fingers	"	Circumferences of hands and fingers have all increased from ½ to ½ in. Sensation less	Both hands and fingers increased part after operation. No difference whatever between 2 sides.
60 "	35	"	M	1½ R ulnar at elbow	"	"	"	Enlarged	"	"
61 Matilda William	14	Trinidad	T	½ L sciatic	"	Jan. 4, 1888	For sloughing ulcer of heel and swelling of leg and foot	Normal	Ulcer firmly healed. Anæsthesia remains	Ulcer healed in 2 months.
62 Cecilia Joseph	48	"	A	4 R sciatic	June 27, 1887	"	For 3 perforating ulcers of foot	"	Ulcer still over plantar surface of great toe ½ in. broad and deep. Others healed	A sinus incised since operation.
63 "	48	"	A	4 L median	"	"	Ulcers on palm and 4th fingers	Somewhat enlarged	Ulcers firmly healed. No difference in anæsthesia	Fragment of necrosed bone removed from finger on July 8, 1887. Stretching seemed to facilitate separation of bone.
64 Elizabeth Gibbs	16	"	T	1 R ulnar at elbow	"	"	To watch effect on tuberculation	Normal	No effect	Strong carbolic acid applied to nerve.
65 Elizabeth Noel	16	"	T	6 L median	July 4, 1887	"	"	Not much enlarged	"	—
66 Dalasee	45	India	M	1 R ulnar at elbow	July 15, 1887	Jan. 11, 1888	To watch effect on tuberculation and anæsthesia	A good deal thickened	"	—
67 "	45	"	M	1 R external popliteal	"	"	"	Normal	"	—
68 "	45	"	M	1 L median	"	"	"	A good deal thickened	"	—
69 Karueah	40	"	A	4 L ulnar at elbow	July 19, 1887	Dec. 5, 1887	Anæsthesia	Not enlarged	No difference	Strong carbolic acid.
70 "	40	"	A	4 L external popliteal	"	"	For ulcer over external malleolus	"	Ulcer quite healed	Ulcer healed in 3 months.
71 "	40	"	A	4 R median	"	"	Anæsthesia	"	No difference	Strong carbolic acid.
72 Paulina Victor	20	Trinidad	A	10 L sciatic	Aug. 2, 1887	Jan. 4, 1888	Chronic ulcer on sole 3 x 2 in. Swelling of leg; circumference 18½ in. Foot painful	Normal	Ulcer 2½ x 2 in. Circumference of leg 13½ in. No change in sensation. Pain gone	—

	73	Sylvestre Auguste, 42	St. Vincent, A	9	R external pop- liteal	Aug. 23, 1887	Jan. 9, 1888	Pain in course of nerve	Much enlarged	Still pain below knee	Nerve touched with carbolic acid. Pain temporarily relieved 14 days after operation.
74	"	12	"	A	9	R median	"	Anaesthesia of hand	Rather atrophied	No difference	"
75	Leonce Dasent	52	Trinidad	M	3	R median	Aug. 26, 1887	To watch effect on tubercu- lation of hand and fingers	A good deal thickened	"	Strong carbolic acid.
76	"	52	"	M	3	L ulnar at elbow	"	"	"	"	"
77	Cidas	50	India	M	1	L sciatic	Sept. 5, 1887	For perforating ulcer outer side of sole	Normal	Ulcer in same state. No differ- ence in sensation	"
78	"	50	"	M	1	L median	"	Anaesthesia	Thickened	No difference	Strong carbolic acid.
79	William Toussaint	18	Trinidad	T	1	R median	Sept. 13, 1887	To watch effect on tubercu- lation	Slightly enlarged	"	"
80	"	18	"	T	1	L ulnar at elbow	"	"	"	"	"
81	Robert Dixon	34	"	A	1	R median	Sept. 19, 1887	For diminished sensation	Much thickened	"	Strong carbolic acid applied. There appeared to be slight temporary improvement three weeks after operation.
82	Madcoosingh	40	India	A	3	L sciatic	Sept. 23, 1887	Perforating ulcer over heel 4 in. deep. Superficial ul- cer over inner malleolus. Foot swollen, completely anaesthetic	Normal	Perforating ulcer has filled up to lower surface of thickened epidermis. Ulcer over malleo- lus has healed. No difference in sensation	"
83	"	40	"	A	3	R external pop- liteal	"	Swelling of foot with ulcer of middle toe. Complete anaesthesia	Much thickened	Ulcer healed. No difference in sensation	"
84	"	40	"	A	3	L median	"	Anaesthesia	"	Hyperaesthesia in palm and fin- gers	"
85	John Miller	26	Trinidad	A	5	R median	Oct. 7, 1887	For diminished sensation	Not noted	Says he feels a little better in hand and fingers, except 4th and 5th, since operation	"
86	John William	36	"	T	11	"	Oct. 10, 1887	"	A good deal thickened	No difference	Median rubbed with strong car- bolic acid; ulcer not. Died on Dec. 27. No difference found in stretched nerve post mortem.
87	"	33	"	T	11	L ulnar at elbow	"	"	Rather thickened	"	"
88	Bheekhoo	39	India	A	9	L sciatic	Oct. 16, 1887	For painful perforating ul- cer near bases of toes	Normal	Ulcer much smaller; about 1/2 in. diameter. No pain	Much increase of discharge from ulcer on foot 4 days after operation.
89	"	38	"	A	9	R ulnar at elbow	"	For anaesthesia	Not noted	No difference	"
90	"	39	"	A	9	L median	"	"	"	"	"
91	Matilda William	14	Trinidad	T	3	R median	Oct. 21, 1887	Painful ulceration of tips of fingers with destruction of nails	Somewhat enlarged	Ulceration less. New nails are growing. Pain gone. Sensa- tion improved in fingers	Strong carbolic acid.
92	"	14	"	T	3	L median	"	"	Very much enlarged	"	"
93	James Fraser	36	"	A	4	R sciatic	Oct. 24, 1887	Pain in foot and numerous sinuses discharging offen- sive pus	Normal	Foot quite healed. First meta- tarsal much thickened. No pain. No difference in sen- sation	Hardly any pain two days after operation. Foot had to be in- cised again and dead bone re- moved. Suppuration in foot seemed increased after stretch- ing.
94	"	36	"	A	4	R median	"	Anaesthesia	Much swollen	No difference	Rubbed with strong carbolic acid. There appeared to be in- temporary return of sensation in hand 4 days after operation. Nerve highly scarified longitudi- nally and strong carbolic acid rubbed in.
95	Seuradge	50	India	A	8	L median	Nov. 2, 1887	For diminished sensation	Thickened	No difference. General sensa- tion perhaps a little better	"
96	"	50	"	A	8	R ulnar at elbow	"	"	"	"	"
97	Robert Dixon	34	Trinidad	A	1	R supra-orbital	Nov. 7, 1887	For supra-orbital neuralgia and lachrymation	Thickened; about 1/2 in. diameter	No pain. Lachrymation less. Nerve still feels a little thick- ened beneath skin	Asked for operation. Nerve rub- bed with strong carbolic acid. All pain gone two days after operation.
98	"	34	"	A	1	L ulnar at elbow	"	For anaesthesia	Very thickened	No difference	Strong carbolic acid. Appeared to be slight temporary im- provement seven days after operation.
99	Joseph Brown	39	"	A	22	R external pop- liteal	Nov. 28, 1887	Swelling and pain in foot	Enlarged	Pain gone. Swelling less.	All pain went two days after operation.
100	Summar	15	India	A	9	L median	Nov. 29, 1887	Swelling. Sinus and pain in middle finger	A good deal of fat ad- herent	Finger healed except small ul- cer. Contracted; no pain. No change in anaesthesia	Finger well in ten days, with exception of small sinus.

rest. Still the growth of granulations, increased discharge, and thin white cicatrix at the edge of the ulcer within a few days seem to indicate a direct trophic influence more rapid in its effect than mere rest.

It is, however, a curious fact that the patients often prefer to keep these perforating ulcers open, and either ask to have them incised or put on poultices of their own accord. They seem to get obscure internal symptoms in some cases after the healing of an ulcer; indeed, I remember one case in 1884 in which a patient died almost suddenly after the healing of some tuberculated ulcers of the legs. Large white kidneys were found *post mortem*.

The question has been a good deal discussed in the medical journals lately, as to whether it is always safe to heal long-standing ulcers of the legs in other diseases. Certainly, as regards leprosy, I should be prepared to give a very doubtful answer.

Pain.—Perhaps the most striking results were obtained in those cases in which nerve stretching was done for pain, especially pain associated with perforating ulcer. Nine cases fall under this head.

The most striking are Nos. 14 and 25, which have been already referred to (*Lancet*, September 17th, p. 593). In both of these the pain was so severe that the patients begged for amputation; but after the nerves were stretched, the pain vanished almost immediately.

In Case No. 30, also referred to in the same place, there was temporary relief from pain, but the ulcers became gangrenous, and the leg was amputated at the patient's request. The posterior tibial nerve was greatly thickened and gelatinous-looking. The stump healed in two months, and the patient (an active, intelligent coolie) was soon about the ward again on a wooden leg, helping in the dressing of the other cases, as was his custom before he lost his leg.

Another satisfactory case was No. 9, in which the right sciatic was stretched for a painful perforating ulcer of the foot. The ulcer became cleaner, the pain vanished, and the relief was so great that the patient asked that the operation might be repeated on the left side for a similar condition of that foot. Here, however, the result was not so marked; for though the ulcer became a little cleaner for a few weeks, gangrene eventually set in in both feet, and the patient sank five months later.

In two cases in which the pain recurred four months and one year respectively after the sciatic had been stretched, the external popliteal of the same side was stretched with good result (*vide* Cases 20 and 46, and 14 and 99).

In one case of supra-orbital thickening and neuralgia, probably associated with syphilis, mercury and iodide of potassium were given for four months without much result, after which the supra-orbital was stretched with immediate relief to the pain. The thickening remained.

Anæsthesia.—The operation has been done for anæsthesia in thirty-three cases, but I cannot say that the results are very encouraging. In many, no effect whatever was produced; indeed, in some old-standing cases, the nerve was exposed without chloroform, and stretched, tapped, or pricked without the least complaint of pain or even sensation. In some of the earlier cases (such as Nos. 3 and 26) there appeared to be some improvement of sensation a year after the operation, and in several other cases slight temporary improvement was noted. On the whole, however, the results cannot be considered satisfactory, and the question is complicated by the difficulty in getting consistent answers from patients, even when tested with their eyes covered. In some cases, sensation appears to be dispersed, as it were, laterally; the patient, when requested to put his finger on the part touched, indicating a place to one side of the correct one.

It yet remains to be seen how long any improvement in sensation can continue; at present, I have noted it in one or two cases a little over a year after the operation.

Tuberculation.—In eighteen cases nerves were stretched with the object of watching whether any trophic effect would be produced on the growth of tubercles or general infiltration of the skin. Comparative measurements of fingers on the two sides were made, but no effect whatever could be traced to the operation.

Necrosis.—In two cases (Nos. 15 and 63) the stretching seemed to facilitate the separation of necrosed bone. There was increased discharge from the sinuses, and fragments of bone were removed ten days and eleven days respectively after the operation. After this the ulcer nearly healed in the first case, and quite in the second.

Taking, now, the general results of the operation, there was more

or less relief in forty-seven cases, no relief in forty-nine cases, and a doubtful result in four cases. Roughly, then, in one hundred cases operated on, without any particular selection, it may be considered that more or less relief was given in half. The nerve, when exposed, was found to be enlarged in forty-eight, or nearly half the cases; in thirty-four it was not enlarged, and in eighteen its condition was not noted. The most commonly enlarged was the median; after that the ulnar and external popliteal. The sciatic I never found thickened.

Primary union was not obtained in many cases; indeed, I applied strong carbolic acid to some of the more thickened nerves and even lightly scarified them longitudinally, with the idea of destroying to some extent the bacilli, but I found no better result after this proceeding.

In the necropsies of some patients who died from other causes at longer or shorter periods after the operation I found no naked-eye changes in the nerves which had been stretched, nor did I find any adhesions even when the incision had granulated up from the bottom. In one case only after operation the patient complained of pain beginning in the cicatrix over the sciatic and travelling down the thigh. In him the cicatrix is a good deal depressed, and it may perhaps be necessary to divide adhesions at some future date.

In conclusion, I would sum up my experience thus:

1. The great sciatic is the most satisfactory nerve to stretch, for it is nearest the spinal ganglia and commands the supply of the whole leg and foot and the back of the thigh.

2. The chief indications for the operation are perforating ulcer, some cases of necrosis and pain whether associated with perforating ulcer or with peripheral neuritis without ulcer.

Analysis of Operations.

	Tuberculated.		Anæsthetic.		Mixed.		Total.
	M.	F.	M.	F.	M.	F.	
Total cases	7	5	57	7	22	2	100
Total patients operated on ...	3	3	36	4	13	1	60
Nerves stretched:							
Sciatic	—	1	17	2	6	—	26
External popliteal	—	—	7	1	3	—	11
Median	3	3	22	3	7	2	40
Ulnar at elbow	3	1	8	1	5	—	18
" above wrist	1	—	2	—	1	—	4
Supra-orbital	—	—	1	—	—	—	1
							100
Reasons for operation:							
Ulceration	—	3	21	4	10	—	38
Pain	—	—	7	—	2	—	9
Anæsthesia	2	—	27	3	1	—	33
Tuberculation	5	2	—	—	9	2	18
Necrosis	—	—	2	—	—	—	2
							100
Results of operation:							
Relief	—	3	30	4	10	—	47
No relief	7	2	24	3	11	2	49
Doubtful	—	—	3	—	1	—	4
							100
State of nerve when exposed:							
Enlarged	5	3	27	1	10	2	48
Not enlarged	—	2	18	5	9	—	34
Not noted	2	—	12	1	3	—	18
							100

THE VICTORIA HOUSE AND NURSES' HOME, ALEXANDRIA.—The report of this institution, a memorial of Her Majesty's Jubilee, which has among its objects that of providing trained English nurses on moderate terms to nurse the sick, and cheap and respectable lodging for women of any nationality, shows that from July 1st, 1887, to November 30th, 1888, no less than 308 have passed through the home. Of these sixty-two were English, the remainder consisting of other nationalities. Two English-trained nurses live in the home, and are sent out as nurses. The Khedive has presented to the committee a site of over 2,000 square yards for a special building, and about £3,000 is required. Subscriptions will be gratefully received either by Sir Charles Cookson, K.C.M.G., C.B., H.M. Consul and Judge, Alexandria, or by the honorary treasurer, Mr. S. H. Caron, of Messrs. Caron and Co., Alexandria.