had been amputated, and in each instance the disease had recurred in the stump. The patient was admitted into the hospital under Mr. Heath, and both feet were eventually amputated. A microscopic examination of the nerves from both feet was made by Mr. Priestley (*Lancet*, 1883, vol. i, page 452), and in each instance he found well-marked evidence of sclerosis.

In this case, which has now been in progress for six years, and which is still under observation as an out-patient, there has never, from first to last, been any evidence of locomotor ataxy. The changes here found in the peripheral nerves resemble very closely those met with in a case recorded by Messrs. Savory and Butlin (*Medico-Chirurg. Trans.*, vol. lxii, Case v, page 378). Almost identical cases have also been described by other writers; so that it appears probable that perforating ulcer may, in some cases, be dependent simply on disease of the peripheral nerves, without any apparent implication of the nerve-centres. Of course, it is quite possible that, in cases of this kind, symptoms of central disease (*e.g.*, of locomotor ataxy) may eventually develop themselves; but, in Case iv, six years have now elapsed, and as yet no indications of the onset of that condition are present.

CASE OF SECONDARY SUTURE OF ULNAR NERVE SIX MONTHS AFTER ITS DIVISION.

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In a paper on "The Immediate Suture of Divided Nerves," published two years ago in this JOURNAL (vol. i, 1881, p. 717), I referred to cases of secondary nerve-suture which had recently been under my care. The following seems of sufficient interest to deserve a brief record.

J. H., aged 25, six months before admission to St. Mary's Hospital, received on the left wrist a severe wound from glass, which took a month to heal. From that time he had extreme pain in the cicatrix, his ring and little fingers became bent and useless, he was obliged to carry his arm in a sling, and his general health became seriously affected by the constant pain which extended both upwards and downwards from the site of the wound. Here, on admission, there was found a dense cicatrix an inch and a half long, running in a curved direction upwards and outwards on the anterior surface of the forearm from the styloid process of the ulna. It was excessively tender, and he dreaded the least touch. He had lost the power of extending the two last phalanges of the ring and little fingers, and to a less extent of the other fingers also, and the thenar and the hypothenar eminences, together with the interossei, were markedly wasted. Sensation was very defective, though not entirely absent, in the ring and little fingers, more especially on their palmar surfaces. The whole hand, indeed, was somewhat anæsthetic, and looked lifeless and withered from long disuse. It sweated constantly and profusely; the little finger was blue and slightly swollen, and the nail was much misshapen. Opposite the head of the fifth metacarpal bone was a dark purple patch of the size of a shilling, and just below the cicatrix the skin was distinctly hyperæsthetic.

The man was anxious to have something done for his relief, and accordingly, on April 4th, 1881, I cut down on the site of the ulnar nerve, and after much difficulty the separated ends were at length discovered. The upper end of the lower portion was completely hidden from view, being turned downwards and inwards, and ended in thick cicatricial tissue on the under surface of the tendon of the flexor carpi ulnaris. It was not enlarged, and a transverse section of it, when freed from the cicatrix, showed the appearances of healthy nerve. The lower end of the upper portion was swollen to about three times its natural size, and ended in a firm bulbous nodule, which also was bound in cicatricial tissue. From this it was dissected, and a third of an inch had to be removed before the section looked natural. It was necessary to dissect the upper part of the nerve free for a couple of inches, before the two ends could be brought into comfortable apposition. They were then joined by three fine catgut sutures passed through both sheath and nerve. The wound healed by first intention, thus fulfilling one requirement for the success of the operation. As early as the 13th, the man said his fingers "felt somehow different," and the anæsthesia when tested was certainly less marked. By the 28th, the sensation had decidedly improved, the cicatrix was free from pain, and he even had some returning power of extension of the last phalanges of the ring and little fingers.

He was discharged on April 29th, with instructions to use his hand as much as possible. He returned in a fortnight, having made but little progress; and it was, therefore, deemed advisable to place him under the care of Mr. de Watteville, who has kindly given the following record of his treatment.

"When he was first examined electrically, the phenomena of the complete reaction of degeneration in its advanced stage were present. At first galvanism only was used: the hand being placed in a basin containing hot water and one of the poles, and a flexible metal plate covered with wash-leather, and connected with the other pole, being fixed upon and above the seat of injury. The strength of the current was the maximum endurable; voltaic alternatives were made; and the application, lasting ten to fifteen minutes, repeated every day for the first few weeks. Later, faradisation of the muscles of the hand and ulnar nerve *above* the seat of lesion was used, conjointly or alternately with galvanism. The applications were reduced to two or three a week. After about a year of this treatment, the only muscle which was distinctly wasted was the abductor indicis. This muscle at first had almost entirely disappeared, so that the most powerful galvanic currents scarcely produced any visible fibrillary contractions. Having regained a fair use of the hand, the patient ceased to attend the hospital, but applied the faradic current himself every day for about six months, until the hand practically regained its normal appearance and functions."

When last seen, on February 23rd, 1883, the man stated that he had been at work as usual for several months, and that his hand was as useful as ever it was. There was then no sign of trophic disturbance; sensation was normal; there was no wasting; and his only complaint was of occasional pain in the cicatrix on change of weather, and inability to perfectly extend the last phalanx of the little finger.

Without making any further comment on the subject of nerve-suture, about which much has been written during the last few years, and with which I dealt at some length in my former paper, this case seems worthy of publication as an instance of complete recovery of nerve-function brought about by suture as late as six months after the division of the nerve, and also by the *steady and long-continued use of electricity* to restore the nutrition of the wasted muscles. Not a little, however, is the successful result in this case due to the patient himself, to his perseverance in using his hand after the operation, and his endurance of the pains of galvanism. In a case on which I operated about the same time, where there was an almost exactly similar wound, the same kind of trophic change, and a like incapacity, the patient, a nervous hysterical woman, gave no help whatever after the operation, and the result has in consequence been far from satisfactory. The nerve-ends had been pretty easily brought together, union of the wound had occurred without suppuration, and the trophic changes altogether disappeared; but the woman persisted in nursing her hand in a sling, and the needful application of electricity so distressed her, that she ceased attending the hospital, better in some respects than before the operation, but with a result very different from that of the man.

THE RISKS OF "MASSAGE."

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"MASSAGE," which has for a long time been the Cinderella of therapeutics, has recently seen a considerable change in its fortunes, and become as thoroughly fashionable as mesmerism and homœopathy have been at previous periods in the history of medicine. The "Weir-Mitchell treatment" more especially, which has been found very useful in some obstinate forms of hysteria, is now being indiscriminately applied to all sorts of cases of cerebral and spinal disease of which loss of power forms a conspicuous symptom; and it is therefore time that we should say, "Hands off!" lest a procedure which does good in a limited class of cases should suffer by the excessive praises of injudicious partisans, and eventually be thrown aside altogether.

Professor Busch of Berlin, who has written the most recent and sensible treatise on massage and gymnastics (in vol. ii, part 2, of von Ziemssen's *Handbuch der Allgemeinen Therapie*, Leipzig, 1882), recommends these proceedings chiefly for the treatment of deformities, and of muscular pain. Amongst nervous affections which have thus been treated, he mentions scriveners' palsy, stammering, some forms of hysteria, and muscular paralysis or paresis after poliomyelitis; without, however, saying much in favour of this treatment