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CLINICAL LECTURE, AT THE PENNSYLVANIA HOSPITAL, PHILADELPHIA.

By THOMAS G. MORTON, M.D.

Reported for the *Canada Medical Record* by
Dr. J. F. Edwards.

MUSCULAR ATROPHY FROM INFLAMMATION OF NERVES.

I have before spoken to the class about the changes that will take place in a part consequent upon inflammation and secondary changes in the nerves of such part. If a nerve be injured or from any cause inflamed, it will become sclerosed; even if the inflammation originate in a branch or a filament of the main nerve it will extend up to it, and the nerve, as I say, becoming sclerosed, the nutritive life of the part will be interfered with, and it will atrophy, so that after an injury to a nerve there will always ensue more or less atrophy. It is of practical importance for you to remember this, for it may help you out of a scrape. It will sometimes happen that, after you have operated upon a child for club-foot, this atrophy, the cause of which has been congenital, or at least has arisen from what I have already told you, will cause the parents to claim that you have cut or injured some nerve or some part that you ought not to have cut, and you may be bothered with a suit for malpractice. The small branches, as I have said, may influence the main nerve, and, though the synovitis (which may have been the original cause of the trouble) may be well, still the sclerosis will go on. We have such a case before us. This young man has had a synovitis, there can be no doubt of this,

for you see the swelling and tumefaction about the knee, while there is luxation forwards of the femur or backwards of the tibia, whichever you may choose. As a result you see how this limb has atrophied. Some might claim that this atrophy was due to want of use, but such is not the case, a very slight amount of the atrophy might possibly be due to this cause, but the young man has been able to walk about all the time, so that his leg has been exercised and we must therefore look beyond disuse for the cause of the atrophy, and this atrophy, just as in the wasting of club-foot, will be permanent; the atrophied limb will never catch up to the other one, there will always be a marked difference. You will always find the limb, and the foot itself, from an inch and a-half to an inch and three-quarters shorter in the clubbed side than on the other. Some have claimed that congenital club-foot is due to intra-uterine pressure, but this is an error; it is caused, just as is the acquired disease, by the nervous changes already referred to. To return to the case before us, I introduce a probe into this fistula, and find dead bone at the bottom; now this fistula will never heal so long as the dead bone, or indeed any other foreign body, remains at the bottom of it; such fistulas will sometimes persist for forty or fifty years unless the cause be removed. In some cases the process of separation by nature is so slow that in order to aid her we would be compelled to make such a large wound that we are compelled, by prudence, to let it alone and wait for the slow process of nature. I will now apply the Esmarch bandage and see what it is best to do. I must be very cautious in this case, for the fistula is in the close vicinity of the femoral artery. The