

given in such cases. Anatomically it is remarkable for the extent of the fractured surfaces and the importance of the muscular lesions. The disposition of the different osseous fragments thus enveloped in the muscles may, up to a certain point, account for the absence during life of crepitation, and of pain provoked by pressure upon the two extremities of the fractured limb. In order that there should be pain, and especially crepitation, it is necessary that the fragments should be in contact with one another. Now this contact was here rendered impossible by the interposition of the muscular fibres.—*Le Prog. Méd.*

ANASTOMOSES OF THE MEDIAN NERVE WITH THE ULNAR IN THE UPPER PART OF THE FORE-ARM.—At the *Société Anatomique* M. Verchère presented some specimens of unusual nerve distribution. In two of them there was a very fine nervous filament arising from the median at the point where the branches are given off from this trunk to the flexor muscles, being directed from without inwards, passing beneath the pronator teres and flexor sublimis muscles, beneath the ulnar artery and terminating in the ulnar nerve by means of a small plexus. This small plexus presents ascending and descending branches, the latter of which are lost in the ulnar nerve and are connected by other finer filaments to each other. From one of its branches sets out the filament which innervates the two internal fascicles of the deep flexor. On the tract of this anastomosis there are small descending branches starting from its convexity and which are distributed to the deep flexors. On another specimen, from the median nerve, at the point where the anastomotic branch usually arises, sets out an oblique descending branch which is lost in the substance of the flexor sublimis; not so high upon the ulnar nerve arises a filament which goes to the two internal branches of the flexor profundus, then at two millimeters from its origin a long slender filament is directed outwards, passes behind the ulnar and after a considerable tract is distributed to the upper extremity of the flexor sublimis very near the point where this muscle was entered by the median filament.

M. Verneuil had asked M. Verchère to make these researches, as he entertained doubts of the usual theory of nerve regeneration. In a case of neuroma of the middle of

the arm he had resected four centimetres of the nerve expecting to have paralysis of the flexors, the next day to his great astonishment he found the innervation of the forearm and hand intact. These anomalies in the distribution of the nerves of the arm are pointed out by the older writers, but the more recent classical authors are silent on the subject. M. Verneuil is less and less convinced of the capability of a cicatrised nerve to convey nervous currents—either centrifugal or centripetal. He considers nerve suture an illusion as far as regards the re-establishment of nerve function. There is not a single positive example demonstrating this fact. It is only in neuromas, old lesions, slowly developed, where the collateral nerve circulation has been progressively developed that this re-establishment has been observed.

M. Cornil stated that in animals after section of a nerve the regeneration has been followed step by step, the nerve tubes re-appearing with their normal structure in the cicatricial tissue and that this regeneration coincides with the re-appearance of movement and sensibility in the paralysed parts.—*Le Prog. Méd.*

## REMOVAL OF AN ULCERATED SCIRRHUS OF THE BREAST BY THE AID OF CAUSTIC ANÆSTHESIA.

BY M. JULES GUERIN.

In the month of January last, a lady at 60 consulted me about a tumor of the right breast of seven or eight years duration. It was nearly four inches in diameter, occupying the whole of the breast, being irregular, nodulated in shape; hard to the touch; adhering to the skin, and having two small reddish fissures on the surface from which a small quantity of colored liquid oozed. The rest of the skin was pale, but traversed by large and prominent veins. The tumor was not adherent at the base and could be readily moved; no enlarged glands in the axilla. The general health was bad, and there was a catarrhal bronchitis of eighteen months duration, accompanied by frequent cough and copious expectoration; pains in the kidneys, and cardiac trouble, characterized by frequent intermittance of the pulse, presenting a condition little favorable to operative procedure, which was however decided upon and carried out as follows: I applied around the tumor, about four-fifths in. from