

TORONTO MEDICAL SOCIETY.

Stated Meeting, Feb. 11th, 1886.

DR. CASSIDY, PRESIDENT, IN THE CHAIR.

(From our own Correspondent.)

DR. POWELL related a case of injury, and showed specimens of bulbous enlargements of the ends of nerves, which were the cause of neuralgic pains in the stump of an amputated arm. The Doctor went on to say that, about six years ago, a saw-mill in the neighborhood in which he was then practising "ran away with itself"—that is, the control of the machinery was lost—and one of the circular saws flew in pieces, a fragment of which came in contact with his patient, producing a wound extending from the angle of the scapula to the region of the left kidney, cutting through several of the ribs—portions of which he afterwards removed for necrosis; the accident also produced such injury of the left arm as to require amputation. The patient recovered, and a good stump was formed. Some three years subsequent to the accident, the patient again consulted him for neuralgic pains in the stump. On examination of the stump it was found that bulbous enlargements existed in the ends of the nerves, but somewhat higher up than the cicatricial tissue of the stump. It is important to observe this, as it is by some asserted that these neuralgic pains which sometimes occur in stumps are due to pressure of the ends of the nerves by the cicatricial tissue of the scar. There were two bulbous enlargements—one at the inner and anterior aspect of the arm, involving the ends of the median, ulnar and internal cutaneous nerves, where they are in close contact with the brachial artery; the other enlargement existed at the cut end of the musculo-spiral nerve. Both these bulbous enlargements were removed, and the patient made a perfect recovery. The specimens of the condition of the affected ends of the nerves, which were shown the members, illustrated well the diseased condition.

The PRESIDENT related a case in connection with this, under the care of Dr. McFarlane at the General Hospital, where a girl had received a bullet wound in the region of the musculo-spiral nerve, producing pain in the arm beyond the seat of the injury. In this case, there being no wound of exit of the bullet, the surgeon concluded the missile to be still in the arm, and pressing down upon it, removed the bullet, and pain disappeared.

DR. CAMERON showed a specimen of an acephalic monster, with spina bifida extending down the spine throughout nearly