

joint capsule of the scapula in habitual luxation of the shoulder joint. The pain is usually most marked about the insertion of the deltoid muscle.

The treatment must be primarily etiological. In the first place, the affected nerve must be identified by the most careful examination, after which the cause must be sought for and treated. The assumption of a pure neuralgia is justifiable only in those cases where no cause can be discovered. Periodical attacks may be relieved by nerve-stretching, performed in the free interval, at first non-sanguinary. The arm as a whole must be stretched in all its joints, with abduction and lateral elevation up to the vertical position, for a period of one to three minutes, or until a sensation of tingling in the hand appears. In those cases where the patient can positively locate the beginning of the pain at a definite nerve point, the nerve should be exposed in this location, by looking for it in the corresponding muscular interstices, according to the anatomical landmarks. Existing scars or neuromata are dealt with by detaching the scar and removing the growth. When nothing of the kind is found, the nerve should be moderately stretched. Among the local methods of treatment, warm baths and the galvanic current are the best, but results in a general way are satisfactory in those cases only where the cause can be discovered and removed.—*The Post-Graduate*.

#### **Fibrolysin in a Case of Fibrous Adhesions.**

Fibrolysin has been reported on so favorably in recent times that Dr. Emmerich, of Ostrau, was led to use it in a case of fibrous adhesion, and inasmuch as nothing like this case had appeared in the literature of either fibrolysin or thiosinamine, he reported it.

The case was that of a middle-aged man of thirty, a native of Switzerland, who, seven years ago, in carrying out his occupation, was tossed by a cow. The horns wounded the abdomen in the left upper segment. Since that time he had suffered severe pain, especially in the region of the stomach, and less often of the intestine, and finally had to undergo an operation. After the operation it was found that there was tenderness over the abdomen and constipation, so that only every two or three days would the patient have a movement, which was accompanied by severe pain. There was a marked fibrous adhesion in the neighborhood of the stomach which was the cause of this obstructive constipation. Fibrolysin was accordingly injected, 30 vials of 2.3 Cc. each, the first two injec-