an electro-gilt transfixing pin, the ends of the catgut (or other) ligature, instead of being cut off short, might be passed through the eye of the needle, and carried parallel to the vessels through the centre of the pedicle, so as to emerge at the cut surface, from which they could be withdrawn after the lapse of seven or eight days.


Every one engaged in out-patient hospital work has an experience only too sadly abundant of the various forms and stages of phthisis. From its very common occurrence; consumption is frequently regarded as a rather uninteresting disease, and the busy hospital officer usually sets down "only a case of phthisis," as something to be dismissed with cod oil and some cough mixture. For my own part I know of no disease of more intense clinical interest, and I know of very few for which so much can be done with success. So much interested have I felt in this disease that, removed directly though it is from the province of that branch of the profession to which my work inclines, I have devoted much time to the cases which have fallen under my care in hospital practice, and deem some of the results I have arrived at of sufficient importance to deserve a record in print. Whether others will agree with me in estimating the value I place upon them, further experience will show. The rough notes I here place before my confreres are not such as would be the work of a specialist, and as such demand an apology. The records of the cases are not such as I would recommend as models for the clinical student, but I trust that they will serve to interest some worker more diligent than I am to re-investigate the condition to be referred to.

When a student in the wards of the Royal Infirmary of Edinburgh, my attention was directed on many occasions by one of the most accomplished physicians of our day, Dr. Warburton Begbie, to a symptom found in cases of phthisis which went amongst us by the name of "muscular irritability." For this I have substituted the more exact name of *Myoidema*—a term which will explain itself, and indicates with more exactitude than any other the nature of the phenomenon. The symptom was first noticed by Drs. Graves and Stokes, of Dublin, and cannot be better described
than in their own words:—" There is another highly interesting circumstance connected with percussion, which we do not think has as yet been described. Some time ago, on percussing a patient who had laboured under a pectoral affection, with several symptoms indicative of tubercular development, we were surprised to observe that after each stroke of the ends of the fingers a number of little tumours appeared, answering exactly to the number and situation of the points of the fingers, when they had struck the integuments of the chest. These having continued visible for a few moments, subsided, but could be again made to appear on repeating the percussion. In this case percussion excited a good deal of pain: the situation in which these little tumours were most apparent was in the sub-clavicular region, and over the great pectoral muscle. Since this observation we have seen the same phenomenon in a number of cases.

"How far this phenomenon may be connected with or depending on internal disease is yet to be ascertained. It is seldom met with unless in cases where the patients are emaciated to a certain degree. In these individuals we often find on percussion quickly and with some force, that after each blow a degree of pallor is observed in the parts struck, exactly answering to the points of the fingers; this is instantly succeeded by the return of redness and the erection of a little tumour, which has often a slightly quivering motion, and which subsides in the course of one or two seconds.

"We have observed this to occur most frequently in the superior and anterior portions of the chest, but have also met with it in other situations, such as the arms, back, &c. In some cases the patients complained much of pain on percussion, while in others they did not appear to suffer more than usual.

"This appearance seems to be owing to the contraction of muscular fibres, in consequence of the irritation of the blow."

Dr. Stokes adds further, in his book on Diseases of the Chest, note, p. 398:—"There is nothing in this muscular irritability peculiar to phthisis, but that it is commonly connected with irritation of the lung or pleura, there can be no doubt; and in this way, like the other signs of irritation, it becomes available in the diagnosis of phthisis. It is always more evident in the earlier periods; thus in incipient phthisis it occurs over the primary seat of irritation, while in the confirmed and chronic cases we may often find it absent over the lung first diseased, and strikingly marked on the side last and least engaged."

* Dublin Hospital Reports, Vol. v., p. 70.