

**Osteo-arthritis of the Trapezio-metacarpal Joint treated by Excision of the Trapezium.**—W. H. GERVIS, F.R.C.S.

Osteo-arthritis of the trapezio-metacarpal joint is fairly common, and when at all severe is a painful and crippling condition. I have been treating this condition by excision of the trapezium for a number of years.

CASE I.—Female, aged 53. Complained of pain in the base of both thumbs on use. X-ray showed osteo-arthritis of trapezio-metacarpal joints, right and left.

Operation November 1945, excision of right and left trapezium.

She is very satisfied with the result. There is no apparent deformity and she can use her hands normally, but with a very slight loss of power in the thumbs.

CASE II.—Cowman, aged 48. Complained of pain in base of right thumb and was unable to work. X-ray showed osteo-arthritis of trapezio-metacarpal joint.

Operation September 1946, excision of right trapezium.

Was able to start milking within a month of operation and is now milking 20 cows a day.

The following cases were also shown:

(1) **Multiple Disseminated Calcinosis.** (2) **Congenital Deformity of Lumbar Vertebrae with Sciatic Nerve Lesion.**—W. D. COLTART, F.R.C.S.

(1) **Degloving Accident to Right Fore-arm, Followed By Necrosis of Skin Flaps, &c.** (2) **Degloving Accident to Left Lower Leg, Treated By Immediate Full-Thickness Grafts Obtained from the Skin Flaps.**—K. I. NISSEN, F.R.C.S.

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**DISCUSSION ON PAIN IN THE UPPER LIMB, EXCLUDING SHOULDER LESIONS**

**Dr. Wilfred Harris:** I propose to limit my remarks to lesions of various kinds affecting the nerves and nerve roots supplying the hand, arm, and shoulder girdle.

*Median nerve.*—Atrophy of the thenar eminence, abductor and opponens pollicis, without interosseal atrophy, may occur in rheumatoid arthritis of the trapezio-metacarpal joint. This may be a source of considerable pain on the outer side of the wrist, with obvious swelling of the joint, and weakness and pain on movement of the thumb. R.D. on electrical tests may then be found in these muscles. When the interossei, especially the first dorsal interosseous, show wasting in addition, the lesion may be rib pressure on the first dorsal nerve, or it may indicate an acute or chronic anterior poliomyelitis, or syringomyelia, or an intramedullary tumour at the first dorsal level. Pain is sometimes a feature in acute poliomyelitis, especially in older subjects. In syringomyelia and intramedullary tumours pain may be a marked feature, while sensory changes will be distinctive, especially loss to pain and temperature.

Even without noticeable heavy use of the hand the lower portion of the median nerve may suffer severely from a pressure neuritis in the carpal tunnel, where it lies between the palmaris longus and the flexor carpi radialis. Russell Brain (*Proc. R. Soc. Med.*, 1946, **40**, 83) described this syndrome fully and its treatment. Pain like "electricity" in front of the wrist and outer half of the hand is complained of, and wasting of the thenar eminence and median nerve anæsthesia are found.

*Injuries of the median nerve* in the region of the elbow are becoming increasingly common with the more frequent use of parenteral injections, and especially in intravenous injections. Using the median basilic vein the needle may pierce the median nerve beneath the vein, and injections of drugs and of dyes used in renal and gall-