given way, or was absorbed, and that the uterus was lying back on the rectum precisely as it did before the operation. The operation, after promising so much, and after really doing so much for a month, proved at last to be a failure. True, her suffering was not as great as before the operation. The pain was somewhat ameliorated. She was improved, but not radically cured, as I expected her to be. If the right ovary had been removed with the left, the result might have been different. During the month that the fundus of the uterus was held up by the ligament attached to the abdominal parietes, she was free from pain; but, when the ligament gave way, the uterus fell back and the pain returned. If this accident had not happened, there is every reason to believe that the cure would have been permanent.

CASE III.—Miss W., aged 35, had had dysmenorrhœa nearly all of her menstrual life, and for the last ten years had never been clear of pain in the sacro-pelvic region. She had had the best of medical treatment without the least improvement. Her sufferings had rendered her morbid and morose; and she told her physician, Dr. Jordan, that she would certainly commit suicide if something were not done for her relief. Dr. Jordan then called me to see her. Her dysmenorrhœa was partly due to stenosis of the cervix, particularly at the os internum, but in a greater degree to the ovary. Indeed, the left ovary was the fixed seat of never-ending pain, which was aggravated during the menstrual flow. It was also exceedingly tender on pressure. I believed the ovary to be the principal seat of disease, the origin of all her suffering. Yet I proposed to Dr. Jordan to incise the cervix, with a faint hope that it might in some degree ameliorate the pain of the menstrual flow. For this purpose, I admitted her to the Woman's Hospital, and the operation was performed in October 1874. But she was in no way improved by it. In November 1875, I extirpated the left ovary by the vaginal section. The operation was followed by an attack of pelvic cellulitis, which terminated by resolution. I made the mistake of removing but one ovary, and she was not only not benefited, but made worse by the operation.

[To be continued.]

SOME AFFECTIONS OF THE NERVOUS SYSTEM DEPENDENT UPON A GOUTY HABIT.*

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THE dependence of "nervous derangement" upon a "gouty habit" has long been known; but I do not think that the frequency of such association has been fully recognised; and my object in writing this paper is to recall attention to the subject, and to point out, so far as I am able, the characters of disturbances in the "nervous" functions which would lead to a diagnosis or suspicion of a "gouty" diathesis.

First, let me say a word or two as to both "gout" and "gouty habit". The former means a "special" change, of inflammatory sort, in the tissues of the joints, accompanied by the deposit in those tissues of urate of soda. The latter, the "gouty habit", means the underlying cause of those special symptoms in the joints, a something which may express itself also in various organs and in diverse ways.

We do not know what is the starting point or essential fact of "gouty habit", but this we may remember, that between the simply chemical process of food-digestion in the stomach, and the ultimate making up, and breaking down, and carrying away of the waste, of tissues—be they in brain, or nerve, or heart—there comes in the process of "assimilation"—or "concoction of the juices", as our forefathers called it—and also the conveyance of "excretory" material to excreting organs, and that these involve an infinity of changes in the quality of blood. This blood, which comes from food and goes to tissue, which comes from tissue and goes to excreting organs, may be healthy and lead to the formation of healthy tissue and the performance of healthy function; or it may be so deranged as to pervert the "nutrition" of certain tissues by a specific inflammatory process—"gout"; or it may disturb the "functions" of other organs by the impression which it makes upon them—"gouty habit". In other words, the "gouty habit" is a "toxæmia", chronic in its duration and multiform in its phases—a "blood-poisoning" induced *within* the system, and so far forth differing from the toxæmies with which we are so familiar, but which are introduced from *without*. That which has led me to believe that many so-called "nervous affections" are due to this "gouty habit" may be thus summarised. 1. The actual presence of gout in the joints of the

individual at the time or at previous times. 2. The evidence of "gout" in ancestors or collateral relatives. 3. The frequent occurrence of acid eructations with chronic dyspepsia. 4. The emission of pale, limpid, acid urine, of low specific gravity, and with traces of albumen or sugar, or both. 5. The variability of symptoms, both as to kind and place. 6. The presence of some alterations in skin-nutrition, such as eczema and psoriasis. 7. The impossibility of referring the symptoms to any known disease of brain or spinal cord. 8. The immediate relief of such symptoms after treatment by colchicum and saline aperients, although simple purgation and treatment upon many other principles had failed.

In the endeavour to arrange this subject, there is great difficulty to be encountered; but I will adopt the method of describing "groups of symptoms" under five headings.

I. *Mental Disturbances*.—Many cases have come before me in which there was great restlessness; the patient could not be still for a moment; was alternately excited and depressed; slept badly, or not at all; was intensely hysterical; and could not attend to business; while others have complained of failing memory; of want of power of attention; of suicidal thoughts; of intense melancholy; others of sounds in the ears; voices, sometimes distinct, sometimes not; and some or all of these of long continuance; but yet all disappearing under treatment upon the hypothesis I have mentioned. These symptoms often alternate with, or accompany, those which I mention next.

II. *Pain in the Head*.—Some of the most intense head-pain that I have met with has been of this character, and been relieved by treatment of an anti-gouty description. The special features are pain on one side of the head, usually parietal or occipital; "grinding" habitually; but forced into almost intolerable severity by movement, such as the jar of carriage-riding, or running down the stairs of a house; and this without any oversensitive nerve-points; without tenderness of scalp; and without any aggravation by mental exertion. It is not affected by posture or by food; it is relieved by physical rest, and may disappear entirely after treatment of the kind that I have mentioned. It is not anæmic, nor neuralgic, nor dyspeptic (in the ordinary sense of that word), and it yields to nothing in the way of treatment that may be directed against those common varieties of headaches. It is very often associated with some of the other symptoms that I have mentioned, and they must be taken into account when making a diagnosis of the malady.

III. *Modified Sensations*.—I. Of these, vertigo is one of the most common, and it may exist alone. It takes sometimes the form of objective movement, but more frequently that of subjective movement, such as the sense of "swimming" or "floating" away. This vertiginous sensation is sometimes determined by posture, and occurs only when the patient lies on one side, it may be the left or the right; the apparent movement of external objects being from that side towards the other.

2. With vertigo is often associated "noise in the ears", not the sound of "voices", but drumming, hissing, singing sounds, recognised to be in the ears, or in one ear, or in the head, and not appearing to come from outside. There is not, or need not be, any mental delusion with regard to these; the patient knowing well that they are inside his organism.

3. Associated with such vertigo and tinnitus there is frequently deafness, and the feeling of "beating in the ear"; and the symptoms are like those described by Menière; but I have found them in the vast majority of instances associated with a gouty habit. With vertigo and tinnitus there may be much mental depression, or attacks of bewilderment, amounting sometimes to those of *le petit mal*.

4. Modified sensations in the limbs may occur. A large number of people complain of "numbness", "tingling", "creeping", "deadness", or some other altered state of sensibility in the limbs, which, sometimes taking a paralytic, sometimes a hemiplegic, distribution, have caused much anxiety; and the more so, because the suggestion of organic disease of brain or spinal cord has sometimes been conveyed, and yet all these troubles pass away. That which I have observed to be in them the most characteristic of their gouty origin is their variability in kind and locality. To-day, for example, there is "coldness" in the left leg; to-morrow, "a sense of heat"; last week, a "pricking" in the right hand; the week before, a "stinging" feeling on the side of the head, or in the tongue. This wide distribution and variability, so alarming to the patient, is much less alarming to the physician, who recognises in these very facts the elements for a favourable prognosis.

Here, too, I must mention the great frequency with which pains, flying pains, darting pains, often like those of ataxia, are met with in the limbs. So-called "sciatica" is of frequent occurrence, and "pleurodynia", and "myodynia" of all localities are common enough. The sciatica of gouty sort is often double, shifting from side to side with a

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frequency that does not improve the temper of the gouty patient, but may raise the hope of his physician as to the probability of cure. Other seats of pain are most frequently the insertion of the deltoid muscle and the inner aspect of the upper arm, the ankles, the heels, and the interscapular region. The lower mammary region on the left side is often the seat of pain, as it, indeed, is in many other maladies.

IV. *Modifications of Muscular Action.*—1. Cardiac palpitation, intermittence or irregularity of pulse, or painful aortic pulsation at and below the epigastrium, often suggest to the patient the presence of cardiac disease; and it is worthy of remark that, on the one hand, a very great amount of discomfort may often be felt by the patient when the physician can discover no change in sound of heart or rhythm of pulse; and that, on the other, disease of aortic valves, and other obvious signs of cardiac change, may often be discovered by the physician in a gouty patient, he having never been conscious of any thoracic trouble.

2. Flickering contractions of muscles in the limbs; tonic spasm, with cramp-like pain; and "startings" on falling asleep have often appeared to me to be of gouty origin, and that for the reasons that I have assigned. Priapism, without erotic feeling, is also very common. It sometimes disturbs the sleep, is felt on awaking, but quickly disappears without emission.

3. Local weakness of muscles, such as ptosis, single or double; want of co-ordination of movement of the limbs, both upper and lower, giving an awkwardness of movement and an ataxic gait—are among the symptoms that may have the course and history that I have suggested. I have recently seen several cases of ataxia, and one with marked double ptosis, which had been treated unsuccessfully upon a syphilitic hypothesis, but which recovered speedily when the treatment was based upon a gouty theory.

V. Lastly, there are symptoms beyond those which I have mentioned, and which do not form part of the matter for my description now, but which I will simply enumerate as being further guides or helps in the diagnosis of gouty cases: 1. Dyspepsia, cardialgia, distension of stomach and colon with flatus, pyrosis, and acid eructations; 2. Varicosity of veins, with tendency, upon slight injuries, to occlusion of veins; 3. Brittleness and vertical lining of the nails of both fingers and toes; 4. Slight conjunctivitis with occasional chemosis.

The groups of symptoms that I have enumerated rather than described sometimes coexist, sometimes alternate, and their phases are often very puzzling. They present great difficulties in diagnosis and in treatment until the clue is caught. It is often saddening to look through the carefully cherished prescriptions, and especially when they are one's own, and see the long array of drugs that have done no good—iodine, bromine, strychnine, quinine, zinc, iron, silver, cerium, arsenic, valerian, and hops, to say nothing of mercury, bitter infusions, mineral acids, and the like; but then one's sorrow may often be turned into joy—and a joy in which the patient most heartily participates—when a simple treatment, such as I have suggested, is adopted, and all the troubles disappear with a rapidity that seems quite magical, and reminds one of that beautiful process of clearing a photographic picture by cyanide of potassium.

CHEIRO-POMPHOLYX AND DYSIDROSIS.

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THERE are probably few dermatologists who have failed to notice, from time to time, a disease which Mr. Hutchinson has described as cheiro-pompholyx, and to which Dr. Thin has recently called attention. A short time ago, a well-marked instance of this affection came under my care. The subject of it was a lad in good health, the son of a medical man living in the country, who had for a long time noticed the affection in his son as something out of the common, and sent him to me for a second opinion. The eruption corresponded exactly with the very accurate description of it given by Dr. Thin; and its recurrent character was well illustrated, for my patient had suffered from repeated attacks. It was in his case confined to the hands, and consisted of vesicles arranged singly or in small groups along the sides and backs of the fingers. The contents of the vesicles were quite clear, and there was no other sign of inflammation in their immediate neighbourhood, or on any other part of the body; there was, in fact, nothing resembling ordinary eczema. I should probably never have seen this case had it not been for the peculiar condition of the nails, which caused my patient annoyance, and which were, as Dr. Thin describes them, "undermined and broken near the root".

Judging from the few well-marked cases of this affection that I have

seen, I should regard the following as its chief distinctive features: 1. The symmetry of the parts attacked by the eruption; 2. Its occurrence chiefly in the hands and feet; 3. The absence for the most part of other signs of inflammation beyond the development of vesicles or small blebs; 4. The peculiar condition of the nails; 5. Its strikingly recurrent character. These features may not be found in every case, but they are certainly generally present. I have never been able to discover that this affection originated in the sweat-ducts or glands; and I fail to see, on that supposition, why the nails should be so often attacked. Further observation will probably determine to what group of skin-affections cheiro-pompholyx should be assigned.

With regard to dysidrosis, I entirely agree with my friend Dr. Tilbury Fox, that the affection he describes under that name exists, and also that it is an affection of the sweat-glands, associated with more or less inflammation. But it is perfectly distinct from cheiro-pompholyx; and I fail to see in what respect it differs from a local hyperidrosis, giving rise, as it often does, to secondary eczema. Whoever will refer to vol. I of Hebra's *Handbook of Skin-Diseases* (Sydenham Society's Translations), will find (at page 83) an account of local hyperidrosis, corresponding in every respect with what Dr. Fox describes as dysidrosis. In the case to which Dr. Fox refers in the *BRITISH MEDICAL JOURNAL* (December 8th), he mentions the "oozing out" of the sweat, and, when that was wiped out, a "fresh supply oozed out". So, in his text-book, he remarks (page 476): "The eruption makes its appearance in those who habitually perspire freely." And in speaking (page 478) of the differential diagnosis, the only distinction he draws between hyperidrosis and dysidrosis is, that: "In hyperidrosis, there is a large amount of sweat poured out upon the surface; it is not retained to distend the sweat-follicles." But surely, when we "wipe off" the sweat and a "fresh supply" oozes out, it is not retained in the follicles, nor is it retained in those who "perspire freely".

Hebra, writing many years ago, remarks on the frequency with which hyperidrosis of the hand causes the epidermis to become "saturated with sweat", and to assume a "white colour"; and again, that "hyperidrosis localis may give rise to eczema in all its grades". The fact is, that in acute local hyperidrosis, when the parts become swollen, there is always more or less retention of sweat in the glands and other tissues.

On the whole, however, I cannot but think that the distinction between dysidrosis and hyperidrosis localis is too shadowy to justify the introduction of a new name for an old disease.

A CASE OF PARALYSIS OF THE DIAPHRAGM WITH PECULIAR LARYNGEAL SYMPTOMS.*

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IN December 1875, a boy came under my observation who had been under the care of Mr. Reid of Tenby and Dr. West of London. Mr. Reid's account dated from a month previously. He had found tenderness and pain in the epigastric region, with great enlargement of the abdomen, dullness on percussion over the epigastric, right hypochondriac, and upper part of the umbilical regions. There was a slight sound on inspiration, somewhat like an eructation, but evidently spasmodic and involuntary. This sound increased in intensity day by day, until it became most distressing, sometimes resembling the clucking of a hen, sometimes the noise made by a turkey, and eventually it became like the scream of a peacock. It ceased during sleep; but sleep was very difficult, and henbane had been found the best hypnotic.

Mr. Reid considered the child was suffering from albuminous liver and kidneys; the more so that, on one occasion, he had found the urine albuminous. But this latter symptom may have been accidental, as the urine was always healthy during the year of my observation of him.

At the date of my seeing him, he was taking a nightly dose of henbane to the extent of two drachms. He seemed a bright intelligent boy. On stripping him, the upper part of the abdomen was very prominent. The respiration was rather forced and wholly thoracic; the diaphragm seemed to be completely inert; and I considered that the prominence and dullness of the upper part of the abdomen were due to the alteration of the position of the liver and other organs caused by this condition of the diaphragm. The respiration was very noisy both on inspiration and expiration, and simulated a peacock's cry pretty closely; it never ceased for an instant, except during sleep. Swallow-

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