the right side. The tumour passed down into the scrotum, and was of the size of two closed fists. On the same side, there was a reducible femoral hernia of the size of one closed fist. Both tumours were easily reduced, but the slightest cough or movement brought them down again. As it seemed impossible to apply with success a truss, and as the patient was rendered quite unfit for his employment, I proposed to him to attempt his relief by operation. He at once consented, and on January 14th I performed the following operation. An incision about two-and-a-half inches in length was made half-an-inch above, and parallel to, the inner half of Poupart's ligament. This incision was carried through the muscles and fascia, so as to expose the necks of the sacs of both the inguinal and femoral herniæ outside the general peritoneal cavity. The epigastric artery was ligatured and cut across, as it was included in the incision. The object of my operation being to ligature the necks of the sacs with catgut as high up as possible, I first drew out the inguinal sac which was not adherent, and easily reducible. When this sac was drawn out though the wound, it measured about six inches in length, and closely connected with it was a second and partially obliterated sac. This second sac was carefully separated from the first, and, when examined, appeared to be the sac of what had been a direct inguinal hernia. Having made a small incision into the lower end of each of these sacs, and introduced my finger, so as to be sure that all their contents were reduced, I applied a catgut-ligature around their necks as high up as possible. I then prepared to act upon the femoral sac, but found that it had slipped up into the abdominal cavity. I could pass my finger by the wound readily into the femoral canal, down which the hernia came; and, while hesitating how best to secure the femoral sac, it occurred to me that the ligatured inguinal sacs might be drawn down into this canal and secured there, so as to plug it up and prevent the descent of the femoral hernia. Accordingly, having passed my finger down through the wound into the femoral canal, I introduced through the inner aspect of the thigh, at a point a little internal to and below the saphenous opening, a curved needle armed with prepared carbolised silk, and pushed it through the tissues until it reached my finger, when one end of the silk was seized and drawn through the wound, the other end being left protruding from the thigh and the needle withdrawn. The end which had been drawn out of the wound was then passed through the eye of the same needle, and run through and through the lower end of the ligatured inguinal sacs. It was now reintroduced through the wound into the femoral canal, being guarded by the finger and brought out again on the thigh close to its first point of entrance. By pulling upon the two ends of this thread, the inguinal sacs were drawn down into the femoral canal, and firmly secured there by tying these ends on a small piece of India-rubber cord. When the wound had been stitched up, the patient was made to cough, but neither of the herniæ protruded. The whole operation was performed under the spray; and antiseptic dressing, with an antiseptic pad, was applied over the wound. No bad symptom interfered with the good progress of the patient, and all the stitches were removed from the wound ten days after the operation. Two weeks after the operation, the silk thread which had been passed through the thigh and hernial sacs was cut, and came away quite easily after a little traction had been made upon it. On February 12th, a truss having two pads—one to press over the inguinal region, the other over the femoral region—was applied. On February 14th, the patient rose from bed wearing the truss; and although I removed the truss when he was in the upright position, and tested him in various ways, no protrusion of the hernial tumours took place. From this date he continued to walk about the wards freely with the truss; and on February 26th, he returned home quite relieved from his miserable condition, and able to walk and move perfectly. Before leaving, he was cautioned to wear the truss constantly: for, although no protrusion had taken place since the operation, it was too much to expect that an operation in such a case would be permanently successful unless the pressure of a truss were retained.

THE QUARANTINE OF PUERPERAL FEVER.

By A. D. L. NAPIER, M.B., C.M.

ABSENCE from home has prevented me from replying to a communication in the JOURNAL for April 1st by Dr. Braxton Hicks. I feel great diffidence in venturing to criticise what Dr. Hicks has written, as from his great acquirements, reputation, and position in obstetric literature, it is difficult fairly to encounter so formidable a writer. From what I have read of Dr. Hicks' publications, I am (perhaps erroneously) under the impression that he belongs to the school of "omnivorous puerperal

fever", if I may use the term; that he believes that, though there may be a primary vitiation of the blood, this is not necessary to create puerperal fever, but that any zymotic disease occurring in the puerperal woman will constitute puerperal fever. Therefore, while cordially agreeing with what has been written regarding the desirability of due precautionary measures against contagion, I would express my hope that eminent obstetricians will devote some of the great talents and opportunities at their disposal to a more satisfactory solution of the question. In the BRITISH MEDICAL JOURNAL for March 25th, Dr. Churchill has stated, that with forty years' midwifery experience he has been unable to connect two cases of puerperal fever. Dr. Braxton Hicks says, "although we cannot find any extraneous origin for a case of puerperal fever, we are not forced to assume it to be self-generated or epidemic". Defining puerperal fever as of specific entity distinct from traumatic causes or septicæmia, we have, according to a recent distinguished writer, four causes—epidemic influence, contagion, infection, and nosocomial malaria. Now, if after strict inquiry, we cannot blame contagion, it is very unsatisfactory to have it insinuated that, notwithstanding, it must be due to contagion: such at least is a fair interpretation of the statement quoted.

In conclusion, I regret if in what I have written I have misrepresented Dr. Braxton Hicks's opinions. I have only penned the above to bring under his notice a point in which there is apparently a difference of view between us.

CASE OF HYSTERICAL BLINDNESS.*

By JUNIUS HARDWICKE, L.K.Q.C.P.I., F.R.C.S.Eng., etc.,
Rotherham.

ABOUT seven years ago, I was called to visit a young lady, about sixteen years of age, with a pale face and flabby tissues, who was suffering from obstinate vomiting; so much so, that her mother informed me that she retained none of her food; still she was not apparently emaciated. This condition of things would occasionally return, together with pain for a day or two in the regions of the epigastrium and left hypochondrium, for about twelve months. She had never been sufficiently regular; the catamenia were often absent for months, and, when they did return, were always scanty; perhaps she would be slightly regular for six months, and not again so for some time; but she could always tell when the catamenia ought to have appeared by other symptoms. She had pain in the back on pressure.

The sickness and pain in the abdomen, owing to the fact of her father having died (as I considered) of carcinoma of the head of the pancreas, gave me much anxiety; and another physician saw her with me two or three times; but her youth and some peculiarities about her seemed to point more to hysteria than anything else. Up to this time, her mother had always thought her strong.

About twelve months after this, slight hæmoptysis ensued, which I did not consider to arise from any lung- or heart-disease.

About five years since, after having visited her in the morning on account of irritation in the stomach, I was suddenly summoned late in the evening, and informed that she could not swallow. This did not alarm me much, as I guessed what was the truth. I found her in bed, apparently asleep, with closed tremulous eyelids, no fever; pulse slightly excited, and no indication of throat obstruction. As I felt that she was fully persuaded that she was quite unable to perform the act of swallowing, and thereby rendered incapable of generating the necessary motor impulse, I spoke very firmly to her, also to her friends in her hearing, and threatened to send for a galvanic apparatus, and, if that did not succeed, for another instrument which I possessed which would soon make her swallow. Shortly afterwards, I induced her to make a vigorous exertion of her will; and she took some nourishment.

Upon my visit next morning, and since that time, I heard nothing more of this symptom. Her mother informed me that for months she would take nothing but tea. I omitted to state that she had occasionally violent hysterical paroxysms attended with screaming. From this period, with the exception of attacks of tic, she enjoyed fair health for a long time.

One evening in September 1875, whilst driving home from chapel, she complained to her mother of having an attack of tic again in the face; but on this occasion she attributed it to the brightness of the gas in the chapel, and said that she had been obliged to close her eyes during the service. She now said that the tic had also got to the back of her eyes.

The next day, she could scarcely see at all, but had to grope her way about the house. At this time, I was again sent for. I found very

* Read before the Yorkshire Branch.

great intolerance of light; so much so, that I had difficulty in raising the upper lid; and, when I did succeed, the front of the globe was rapidly rolled up into the inner corner of the orbit. I could just see that the pupil was not dilated, and responded to the light. She was now taking very little food again. She next suffered from restlessness at nights, and from dardings and flashes of light, as she said, just behind her eyes. She had frightful nights, and saw faces and horrible things.

From this time until Christmas-day, she could not discern light from darkness. On this day, she thought she saw a glimmer of light; and, after a week or two, could tell where the windows and fire were sometimes. Next, she could see that figures passed before her when her friends moved about the room. After awhile, the window-frames were distinguished, and the outlines of objects held up before her, such as chimney ornaments. Presently, she could read a word or two in very large print; and now she can read small print, in fact, can see pretty well. I ought to say that, for many years before this last illness, she was short-sighted, and wore concave glasses.

A peculiarity in her case I may mention, viz., the extraordinary facility which she possesses of flexing her limbs, such as bending her thumb backwards upon her wrist; and she can bring her toe over the opposite shoulder. This young lady is of a very kind and amiable disposition; neither deceitful, perverse, nor obstinate, and is not at all fanciful or even troublesome.

The treatment at first was by antispasmodics and cathartics, with bromide of potassium and atropine lotion for the eyes. We were unable to use the ophthalmoscope on account of the intolerance of light. After this, we gave her iron and strychnine, and tried the hypodermic injection of morphia; this latter did not give much relief, but draughts of hydrate of chloral at bedtime gave her great comfort and better nights. Next, quinine and iron were given, which improved her appetite and general health.

Early in December, vomiting reappeared, which yielded pretty quickly to two-grain doses of oxalate of cerium. We then gave her iodide of potassium and perchloride of hydrargyrum, and applied the dry cups to the back of the neck three times a-week for two or three weeks. Under this, she seemed to improve a good deal. We then returned to the iron, which she took regularly onwards until she was cured. During the whole time, she had liberal diet whenever she was able to take it, but often for a day or two would take almost nothing.

I am disposed to view this case as one of hysterical congestion of the retina, and probably of portions of the base of the brain.

We know that undue susceptibility of and disorder of the nervous system will produce unequal distribution of blood in the capillary vessels, and that hysteria consisting, as it appears to do, in disorder of the nutritive and circulatory system, and often an exalted sensibility in one part of the nervous system, either of the peripheral nerves or of the centres; and this exalted excitability, often expressed in the form of hyperæsthesia or spasm, is often accompanied by interrupted irritability of some other region evinced by anæsthesia and paralysis, as Hasse puts it, nutritive derangement of the general nervous system, both central and peripheral. We also know that hyperæmia of the brain gives rise to excessive sensibility to light, to flashes in the eyes, and to an excited state of mind, wakefulness, and dreaming sleep; that the optic nerve, more than any other nerve of special sense, has the power of conveying impressions which excite muscular motions, especially in regard to the iris, whose actions are, to a certain extent, regulated by the degree of light impinging on the retina.

We also find, from the researches of Brown-Séquard, that the same peripheral cause of irritation acting on the same centripetal nerve may produce the greatest variety of effects, including every functional nervous affection or disorder. This is well illustrated, he says, by the various following effects on the eye of a neuralgia of the infra-orbital or supra-orbital nerve. He enumerates, amongst others, congestion of the conjunctiva and of other parts of the eye and photophobia; and says that probably the variety of morbid phenomena which follows an irritation of centripetal nerves depends almost entirely on differences of excitability of various parts of the nervous centres in different individuals. The peculiar influence which the fifth nerve exercises on the nutritive processes in the organs of the special senses, explains how nutrition of the organs may be impaired in consequence of the impairment of the power of either the fifth nerve or of filaments of the sympathetic in connection with it. A possible connection between the fifth nerve and the sense of sight is shown in cases by no means uncommon, where blows or other injuries of the frontal nerve as it passes over the brow are followed by total blindness, the result of defective nutrition of the retina, which in some cases ensues immediately as if from concussion, in others has come on gradually like progressive amaurosis, and in some with inflammatory disorganisation; and we can readily conceive it occurring in a curable form as the result of congestion.

THE TREATMENT OF RHEUMATIC FEVER BY TINCTURE OF PERCHLORIDE OF IRON.*

By SAMUEL S. DYER, M.D., Ringwood.

THE variable climate of England, and the amount of moisture in the air of the Avon Valley, have given me frequent opportunities of testing the different kinds of treatment that have been proposed or recommended for rheumatic fever. My first interest in its history and treatment was occasioned by the serious illness of my father from this cause just as I had entered the medical profession, and I have good reason to remember his early prognostication of six weeks' inability to see his patients, and a month of severe suffering. The medicinal treatment at that time consisted of calomel and opium in a pill every four hours, and bicarbonate of soda in a mixture with aromatic spirits of ammonia. Tedious and suffering as the actual illness was, the convalescence was even more unsatisfactory, as may be well imagined, after the combined effects of illness and mercurial treatment for three or four weeks. After a while, the greater alkaline treatment was strongly advocated by those whose opinion and practice were worthy of example, and all my cases were treated with large doses of bicarbonate of potash or soda, or with nitrate of potash in solution, and an opiate at night; the affected joints being thickly covered with cotton-wool and oiled silk, as first suggested by Dr. Todd.

The treatment by large doses of nitrate of potash was decidedly an improvement, and my case-book for 1850 gives, amongst others, two very satisfactory examples, where severity of symptoms only continued a week, and the convalescence was proportionately shortened. The dose taken was a scruple every four hours.

Cases treated by alkaline instead of neutral salt were very slow in recovering, and the patients were weak and pallid for some time afterwards. There can be no doubt that the large quantity of alkali taken into the system produced a deleterious effect upon the blood; nor was the immediate operation of the medicine satisfactory, for, even when the urine had become less acid, and in some cases even phosphatic and alkaline, the sour perspiration was still persistent, and the joints were still swollen and painful; in fact, the treatment was not curative in the common acceptation of the term, and it may well be questioned whether the after-consequences of such medication were not worse than would have resulted from letting the disease run its course; a course which, with rest and careful regimen, naturally tends to recovery, as shown by Sir William Gull and Dr. Sutton.

Both Dr. Owen Rees and Dr. Wilks greatly altered the line of treatment until recently in vogue, by the administration of an acid rather than an alkali; Dr. Rees upon chemical principles, and Dr. Wilks, at first, simply to try whether or not the supposed success of potash or of soda was due to the medicine; but Dr. Wilks's first case treated with dilute nitrohydrochloric acid was so satisfactory in its progress and result, that he subsequently adopted the treatment in other cases from conviction of its good effect. The plan adopted by Dr. Rees of giving lime-juice frequently and in large quantities has much to commend it, and has one objection only that I can see (but this, to a man practising in an obscure country district, is very considerable), it is the difficulty and expense of getting the supply of fresh lime-juice: lemon-juice does not appear to produce an equally good effect, and no artificially made imitation will answer the purpose.

It was in 1869 that Dr. Russell Reynolds reported in the *BRITISH MEDICAL JOURNAL* some cases of rheumatic fever treated by tincture of perchloride of iron; and I determined, on the first opportunity that should occur, to avail myself of his suggestion, and give my patient the benefit which I firmly believed would result from the treatment. In the state of system predisposing to rheumatic fever, we have an acid-generating condition rather than an acid one; for this the muriatic acid is highly beneficial, as seen in the treatment of acidifying forms of dyspepsia. In every case of rheumatic fever which had come under my notice, there had been a tendency to anæmia, always attributed by me to the spanæmic effect of alkalies administered, but, after all, probably, accountable to the disease itself; and, from these circumstances, it seemed that the treatment by the muriated tincture of iron would effect two most desirable indications.

Every case that has been treated by me on this plan has been one of true rheumatic fever, with inflammation and swelling of larger joints, quick pulse, and high temperature; and those to which I would here more particularly allude have been second or third attacks, thus giving the patient as well as myself an opportunity of judging by comparison of the value of the medicine.

* Read before a meeting of the Southampton Medical Society.