ation of these parts sufficient, by obstructing the flow of the blood from the right ventricle, to cause the blowing murmur heard during life. Or, the murmur might be due to the discharge of the blood from the contracted orifice of the left ventricle into the suddenly dilated aorta.]

REMARKS

ON

GLAUCOMA AS A NEUROSIS: WITH AN ILLUSTRATIVE CASE.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital, and to the Blackfriars Hospital for Skin-Diseases; Surgeon to Moorfields Ophthalmic Hospital.

I HAVE often and long ago indulged in the expression of a conjectural opinion that glaucoma is a neurosis, and that the immediate cause of the tension of the eyeball is tonic contraction of the sclerotic, and not any increase in the fluid contents of the organ. I have also sometimes remarked that its closest pathological analogue is the curious contraction of the palmar fascia, not unfrequently met with in middle-aged and elderly persons. Such opinions may to some seem rather fanciful; but, in spite of that defect, I feel convinced that they are worth thinking about. The contraction of the palmar fascia to which I refer, is usually seen in front of the ring finger, and often involves the little finger also. It gradually and surely puckers up the skin and deeper parts a little below the finger cleft, and pulls the first phalanx down towards the palm. The skin and fascia become adherent together, but there is never any pain or inflammation. It occurs as frequently to those who do not do any work as to those who use tools, and probably has no connection with local irritation. Excepting that it sometimes happens to gouty persons, we can offer no conjecture as to any state of health which predisposes to it. It never occurs to young persons, is rare before middle age, and most frequent in early senile periods. It usually begins in one hand, and, after a while, attacks the other also. It is irremediable. In most of these features it much resembles chronic glaucoma. I admit that we have no rapid cases which might correspond with acute glaucoma; but then probably the sclerotic coat of the eye contains elements far more closely resembling non-striated muscular fibres than does the fascia of the palm. To this latter fact I would also refer, in explanation of the circumstance, that, whilst in the palmar disease there are manifest thickening and adhesion of tissues, none such have as yet been proved in glaucoma. The operative measures, iridectomy, sclerotomy, and the like, are such as would be not unlikely to be useful if the theory suggested were true, while it is somewhat difficult to explain their action under other hypotheses.

Whether we accept or not, as plausible, the sclerotic-contraction theory of glaucoma, we can, I think, feel little hesitation in admitting that both glaucoma and contraction of the palmar fascia are neurotic lesions. They are neither of them merely local, and neither has probably much to do with the blood. It is rare, in the highest degree, to find either of them synchronously symmetrical, whilst both are usually bilateral in the end. This fact fits well with what we know of some other ailments, the result of nerve-degeneration. Both occur at periods of life when such degenerations are not uncommon.

When I began this paper, I scarcely intended to say so much on this supposed parallel; my object was rather to narrate a case in which glaucoma, with unusual features, and contraction of the palmar fascia are present together, and in which there is evidence of progressive disorder of the nerve-centres. The case is one of considerable interest in many directions, though, I must admit, of much intricacy. Certain lessons may, however, I think, by those who can give attention to detail, be learned with tolerable clearness from it.

Mr. K. is an intelligent farmer, now aged 48, of a family in which nervous disorder has repeatedly shown itself. One brother has been several years in an asylum, having become insane (a harmless quiet form) after some business anxieties. Another brother was liable to attacks of inordinate sopor, and used to sleep for several days and nights consecutively. He had several attacks of this liability, on each occasion after a very severe cold, and the last ended in death. His case has formed the subject of an able narrative by Dr. Ward Cousins of Portsmouth, in the *Lancet* some years ago. My patient considers that he was, when at school, a delicate lad; but, in later life, his state of nervous health was such as to enable him to be quite successful in his business. He never married; was always continent, and suffered from boyhood onwards from nocturnal emissions. He has lived

a very steady life in all respects, having never either drank or smoked to the least excess. It may be noted, in passing, that three other brothers have remained unmarried, two of them being those whose cases are referred to above. The third celibate is a florid healthy man. Mr. K. himself is pale, and rather thin; but there is but little in his manner which would lead to a suspicion of sexual debility. He utterly denies masturbation. The ailments from which he has suffered may be mentioned in the following order, which is nearly that of their development.

Dyspepsia, with constipation and flatulence;
Difficulty in sleeping;
Lassitude and want of strength;
Slow development of cataract in the right eye, followed after several years by glaucoma;
Absolute blindness, and great increase of tension, with an *abnormally deep anterior chamber, and an iris which still acts vigorously when the sound eye is stimulated*;
Distressing liability to giddiness;
Contraction of the palmar fascia in the right hand;
Pain in the occiput and neck;
Feeling of stiffness and numbness in the right arm and right side of the chest;
Inability to attend to his business or exert his mind, although his mental faculties remain perfect.

Mr. K. has been under my observation, with long intervals, for the last twelve years. At first, he was out of tone, dyspeptic, and "hypochondriacal"; but, by degrees, more special conditions were developed. In July of 1874, he came to me after an interval of several years, and I found that cataract had formed in the right eye. Of this I had known nothing before. He thought the eye had been ailing for five or six years. During the last three months he had experienced much pain in the eye, the severity varying much at different times. The tension was slightly increased, the cornea looked a little dull, and the iris wanted lustre. Although the pupil acted fairly to light, it dilated but very little when atropine was used. The anterior chamber was deep. The iris was thought to be a little tremulous. As the eye was blind and the failure had been slow, I did not advise an operation.

In January of 1875, I saw him again. The eye was now quite blind, but without pain. He considered that it had been blind for several years, and before the attacks of glaucomatous pain described in the previous note. The cataract was of a dirty brown colour. The increase in tension was very decided. He complained that his head symptoms had greatly increased of late. He had become more and more sleepless, and asserted that he never "could get more than half-asleep". It appeared that his want of good rest was probably a main cause of his debility. He was frequently giddy, especially soon after rising.

I now sent him to Margate; but, whilst there, he said he felt far worse, and was so languid that he could only just get out. About this time, he insisted on leaving his farm, and going to live with a brother, alleging that he felt so weak and giddy that he was unable to attend to anything. Often in the fields he would feel as if he must fall, and be glad to lean against a gate. His dyspepsia and flatulence had never been much benefited by attention to diet. He had left off first one thing and then another, and then resumed them again, and never found that it made much difference.

In May 1876, he again called on me. He did not look any worse, but made still greater complaint of his inability to attend to business. I now examined his eye carefully, and found its condition very peculiar. The cornea, although not actually steamy, was not bright, but looked dull, like that of a fish. Possibly, owing to the state of the cornea, the iris looked muddy. The pupil was of medium size, perhaps rather small; it was motionless when the eye was exposed to light, but acted very fairly when the other eye was exposed. The anterior chamber was much deeper than natural, the ciliary attachment of the iris being retracted. The emergent veins were rather larger, and more numerous than natural. The tension of the globe was much increased. He could barely tell light from dark. The eyeball was still at times rather painful. He had suffered for nine months from pain and stiffness in the right side of his neck, and from stiffness and numbness in the right arm and hand, and right side of chest. He could use the hand for anything, but said that he often had "to rub it to take the numbness away." The palmar fascia at the base of the ring finger was contracted and hard, and the finger was a little drawn down. In the other hand similar conditions existed, but in much slighter degree. The left eye enjoyed perfect vision, and appeared normal in all respects.

Mr. K. has never suffered much from cold feet, a symptom frequently noticed when the nervous system fails in consequence of sexual abuses. He has been liable to colds in the head, to an extreme degree, often being for months together scarcely ever without. Although very fre-

quently giddy, and unable to exert his mind, he can walk fairly, and usually does six miles a-day. His appetite is good. His pulse is deliberate, sixty in the minute.

There can, I think, be little doubt that some central disease of his nervous system in the left side is present, by which the various right-sided symptoms are to be explained. The retraction of iris and activity of pupil, with such a considerable degree of tension, are, I think, very exceptional.

ABSTRACTS OF CLINICAL LECTURES ON DISEASES OF THE RECTUM.

By FURNEAUX JORDAN, F.R.C.S.,

Professor of Surgery in Queen's College, Birmingham; Surgeon to the Queen's Hospital; Consulting Surgeon to the Women's and the West Bromwich Hospitals; etc.

II.—ON A CASE OF EXCISION OF CANCER OF THE ANUS AND RECTUM, AND ON THE ACCESSIBILITY OF THE FEMALE RECTUM FOR OPERATIVE PURPOSES.

THERE are certain distinctions which should always be drawn in cancerous diseases of the lower end of the gut. One of these is commonly made. There is another which is not commonly, or, at any rate, not specifically, made. I will shortly put before you a few facts which will enable you to judge for yourselves whether it should be made or not.

The distinction which as a rule is *not* lost sight of is, that the rectum proper is the seat of various kinds of malignant disease, while it is rare for other than epithelial cancer to begin at the anal opening. Scirrhus starting in the rectum may, it is true, quickly reach the anus, and epithelioma of the anus may as readily crawl up the rectum. Why it is well to draw a line between the tube and its outlet, is seen in many ways. The anus is very accessible; no canal, or cavity, or big vessel, or big nerve lies very near it. Above all, the cancer which seizes upon it is of all cancers the most local in its origin, the mildest in its course, the least likely to return after removal. Bear in mind that I am speaking now of epithelial cancers generally. I do not say that epithelioma of the anus is less grave than epithelioma elsewhere. On this point I have little to say, save that site goes a long way in determining the career of a cancer. I once saw an epithelioma seated over the sternum which had grown for thirty years, and seemed likely to grow another thirty; on the other hand, I have seen an epithelioma of the tongue run as rapid a race as an encephaloid cancer. Position is but one of many influences which guide the clinical course of a malignant growth.

The other distinction which, I believe, is not commonly made is, that the female rectum, from a surgical point of view, is a totally different organ from the male rectum. It is different in size, and, what is more significant to us, it is very different in its relations and accessibility. A woman's rectum, with its ailments and its contents, can be reached at almost every aspect. I do not mean, merely, that a small hand can be introduced into it when it is healthy and in certain diseases, but that it can readily be got at from the outside in health and disease; in short, the female rectum having in front of it so capacious a canal as the vagina, is practically almost as superficial an organ as if it were actually under the skin, like the mammary gland.

The surgical bearing of the distinction I put before you is this, that objections to the excision of the rectum should not be of equal force in the two sexes. They should have much influence in males and scarcely any in females. On the continent, cases have been recorded of the bold excision of the rectum proper, and even of adjacent parts (suggesting, indeed, the idea of a general scooping out of the pelvis), regardless of sex. In this country, there is a strong disinclination to excision of the rectum; a disinclination with which I have much sympathy, and should have more, if it were not also an objection which pays no regard to sex. No records of alleged success would induce me to remove a cancerous male rectum, with portions of the urethra and prostate gland, allowing, if the patient survive for a time, feces and urine to drop into one common chasm, only to drop out of it again. But are we quite right in refusing to remove an isolable cancer of the lower part of the female rectum (even though it began in the rectum) when it is distinctly below the peritoneal level, when the back wall of the vagina may be safely removed with it if it be needful; and when, above all, the urinary pathway may be left untouched? In a previous lecture on destruction of the rectum, you saw how a woman may live in moderate comfort without that organ.

The case before you, gentlemen, was one of epithelial cancer, beginning at the anus, it is true, but involving the rectum for some distance. Through the vagina there could be felt a globular hard mass at the lower end of the rectum; the vaginal wall itself was free. There was loss of blood, with severe pain, and very difficult defæcation; some kind of operative relief was earnestly besought. I decided to remove the parts very freely, in obedience to the principles I have just placed before you. It was not necessary in this case to invade the vaginal canal, but I removed a mass, which, with the healthy tissue around it, extended from the vulva to the coccyx, and from one ischial tuberosity to the other. Three inches of bowel were taken away; a full-sized cricket-ball could have been put into the cavity. The shock which followed was not severe, and the subsequent recovery, as you see, has been good. A singular and unlooked for feature in her recovery was the facility with which she acquired sphincteric power in the cut extremity of the bowel. The ordinary circular fibres of the gut proved themselves able to obey the will and hold back the feces.

ON INTEMPERANCE IN WOMEN, WITH SPECIAL REFERENCE TO ITS EFFECTS ON THE REPRODUCTIVE SYSTEM.*

By JOHN HADDON, M.A., M.D., Eccles, Manchester.

IT may seem somewhat presumptuous in me, comparatively young both in years and practice, to touch upon this subject; nevertheless, feeling that my observation might in some slight degree assist younger members of the profession, and perhaps indirectly be of benefit to the public at large, I was encouraged to take up the pen.

Considering the amount that might be written on this subject, and the short time at our disposal here, I must be concise; and with this view (1) I will speak as to the existence of intemperance among women; (2) as to its causes; (3) consider it as an evil; and, lastly, I will endeavour to point out how it may be remedied.

Is there much intemperance amongst women? Among men we know that intemperance is rampant in all classes of society; but, so far as I know, women are, and have hitherto been, less addicted to the use of intoxicating drinks than men. This we can understand, as man generally exercises authority over woman. Be this as it may, intemperance is said to be spreading amongst women, not only of the lower classes, but also in the higher circles of society. Police reports prove to us the increase of drunkenness in the lower strata of the female community; but how shall we ascertain its progress among the upper classes? The victims of intemperance here are seldom guilty of such conduct as to bring them under police care; and still, if we look around us, and observe the numerous advertisements setting forth the adaptability of various establishments for the treatment of "ladies addicted to intemperance", we cannot doubt, on the principle of "supply and demand", that this evil is on the increase. The medical profession as a body could no doubt give us some definite information on the subject, since the "doctor" is the friend and confidant of all classes of society; but, so far as I am aware, it has not been discussed by the profession. Nevertheless, though it is difficult, or impossible, to point to actual statistics to prove that intemperance amongst ladies is on the increase, I greatly fear that those present are painfully conscious of the fact, and so, taking it as proved that intemperance in women is common, we next endeavour to determine the causes which tend to this unhappy state.

I. First amongst these, I would point out the common practice of using stimulants in some form as a beverage with meals in the family, and as a mark of hospitality to strangers. In England, this is carried out to a much greater extent than in Scotland; but even here it is common. Beer or wine of some kind is too frequently used at meals by children, who soon learn its power. We need not wonder then if, learning the use of stimulants at an early age, some of our young ladies become addicted to intemperance when they have houses and cares of their own, and are comparatively free from restraint.

Again, as a mark of hospitality wine is universally used; and that custom termed "calling" is attended with much danger, owing to the fact that wine is often produced, and partaken of, it may be, in the early part of the day. Ladies having a large number of calls to make may thus be led into temptation, and unwittingly and innocently acquire a habit which will ruin them outright; this custom, however, I am glad to think, is rapidly diminishing. At evening parties, too, where dancing

* Read before the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Edinburgh, August 1875.