The various influences spoken of, acting through the different parts of the nervous system, impress immediately the sympathetic, and so alter the current of blood through the head: thus, while the face is pale, the larger vessels are throbbing, the head is hot, and the remedies which instinct suggests are cold and pressure to the part. In fact, of all the means which have been used to cure this trouble, the only one on which we can rely to procure relief is the wet bandage tied tightly round the head. The method must be instinctive, for it is universal, and has been used from all time. As our Shakespeare is often quoted to illustrate the morbid states of the body as well as the passions of the mind, he may be again conjured up to testify to the ancient practice of which I have been speaking. For example, in the scene between Hubert and Arthur in *King John*, the latter, when petitioning for the preservation of his eyes, says—

"When your head did but ache
I knit my handkerchief about your brows."

And in *Othello* we have not only the remedy for headache given, but the cause. The former was the handkerchief about which the chief interest of the play centred.

"Desdemona... Why do you speak so faintly?

Are you not well?

Othello... I have a pain upon my forehead here.

Desdemona... Faith, that's with watching; 'twill away again.

Let me but bind it hard, within this hour

It will be well."

The substance of this communication is, that sick-headache is not to be cured by gastro-hepatic remedies. It is a purely nervous affection, and due entirely, in my experience, to hereditary predisposition, and excited by causes innumerable which act on a susceptible nervous system. There is, then, no cure, in the proper sense of the term, for this would imply a change in the patient's nature; and for the attacks themselves, when severe, the only relief which can be reckoned upon is to be found in a wet bandage round the head, profound quiet, and, if possible, sleep.

NOTE ON THE TREATMENT OF ENLARGED CERVICAL GLANDS.

By FURNEAUX JORDAN, F.R.C.S., Surgeon to the Queen's Hospital, Professor of Surgery at Queen's College, Birmingham.

IN the interesting article in the JOURNAL on the Treatment of Scrofulous Cervical Glands, I observe that Mr. Berkeley Hill and Mr. Arnott adopt my treatment, although not quite satisfied with its results. I fear those gentlemen have expected too much. When I recorded a case where circumjacent counterirritation and occasional shot-bag pressure cured an aggravated case in three weeks, after the failure of a succession and combination of all known methods during three years, I did not intend to convey the impression that in all cases the cure would be so rapid. I meant rather to say, as, with further experience, I still say, that such treatment was capable of effecting more than any other method. In distinctly diathetic conditions, I have always taught that rapid changes are not to be expected. In treatment, we can only do what we believe to be the best.

I naturally looked for the modes of treatment which might seem more efficient than mine. I found that they consisted of water-dressings, poultices, fomentations, cooling lotions, and irritants immediately over the glands. With many years' experience in these methods, I am strongly indisposed to relinquish my own. When supuration has unmistakably occurred, the knife, scissors, and caustics have each their uses. Even here recovery is accelerated by a patch of counterirritation (iodine or thread-seton, where iodine irritation is perfunctorily carried out, as it often is) at the back of the neck.

I have to thank Mr. Berkeley Hill for conceding much for which I have asked. In my work I especially refer to *chronic* cases. Mr. Berkeley Hill says: "In chronic inflammation of lymphatic glands, this mode of treatment appears more useful than in most other affections; and it is customarily employed even when the inflammation has advanced to chronic abscess. It seems clear that the adhesion and cicatrization of undermined patches of skin and closure of sinuses are more rapid when counterirritation is used."

In the article in the JOURNAL, the use of the *tincture* of iodine is mentioned, though not with approval. This reminds me of a statement in an extraordinary effusion assuming to be a review of my work, where the writer says that he painted the forearm with *tincture* of iodine in a case of whitlow with no result. Indeed, the reviews of my work in the *Dublin Quarterly* and the *American Quarterly* medical journals are

full of significance. In both, the entire ignorance of the author's statements, and the misrepresentations of them, display an amount of critical incapacity which I did not expect. The inconsistency of the American journal is ludicrous. In one number, it selects a typical example of my treatment as an illustration of the progress of surgery. In the next number, a feeble critic is permitted to make an attempt to ridicule the same treatment.

ON RETROFLEXION OF THE UTERUS.

By LOMBE ATTHILL, M.D.,

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SEVERAL communications have recently appeared in the BRITISH MEDICAL JOURNAL on the subject of Retroflexion of the Uterus. The first of these was from the pen of Dr. T. E. Beatty, of Dublin, whose opinion deservedly carries great weight. He treats "all cases of retroflexion" on the principle of rectifying "the position and shape of the uterus by means of the sound; he then passes one of Sir James Simpson's uterine stems with a bulb at the bottom, into the cavity of the organ," first having, if inflammation be present, "adopted proper means to remove it." To prevent the pessary from falling out, Dr. Beatty "inserts a flat boxwood pessary into the vagina." He recommends that the stem be left *in situ* for six weeks. Dr. Beatty states that the result of this treatment has been "in almost every case a radical cure" (BRITISH MEDICAL JOURNAL, September 23rd, 1871).

Dr. Percy Boulton comments on Dr. Beatty's paper in the number of the JOURNAL for Nov. 4th. He objects to the stem, "because it invariably causes an increased flow of catamenial and other discharges." The force of this objection I fully endorse; but, strange to say, Dr. Boulton proceeds immediately to advocate the use of a "self-retaining stem," which, inasmuch as it consists of two blades which, when introduced into the uterus, are expanded by means of a spring, must necessarily be more liable to cause "an increased flow of catamenial discharge" than Dr. Beatty's simple stem. Lastly, there is a brief communication from Dr. Walters, of Reigate, in the JOURNAL for November 25th. He remarks that he much doubts, after having read Dr. Boulton's paper, if the treatment therein advocated be necessary at all; and recommends the adoption of simple treatment, directed, in the first instance, to remove the congestion of the organ which is generally associated with retroflexion of the uterus; and secondly, to support the fundus by means of a Hodge's pessary.

My experience leads me to coincide entirely with the views advocated by Dr. Walters. I am satisfied that, excepting a very limited number of cases in which, as pointed out by Dr. Barnes, the flexion is congenital, retroflexion is always a secondary affection. I do not believe that a perfectly healthy womb will ever bend. I believe that the most common causes producing the condition under consideration are, first, imperfect involution of the uterus after labour or abortion; and second, chronic inflammation of that organ. When retroflexion depends on the former cause, there is nearly invariably profuse menstruation present, which would be greatly increased by the presence of a stem introduced into the cavity of the uterus. When the flexion is the result of chronic inflammation, menstruation is commonly diminished; but in such cases the uterus is too tender to tolerate the presence of a pessary of any kind.

Now when retroflexion is the result of defective involution, the use of a stem-pessary would be decidedly injurious. The organ is not only too large, but is relaxed and engorged. In such cases, the treatment should be to relieve that engorgement by local depletion either by leeching, or by puncturing the cervix, as recommended by Dr. Hall, of Brighton. This latter method I much prefer; it is easily accomplished, and the exact quantity of blood required can be taken. Subsequently, blistering over the pubes, with the application of nitric acid or the solid nitrate of silver to the cavity of the uterus, will probably have the effect of restoring the womb to its healthy condition. The fundus should be supported from the first by means of a Hodge's pessary. Rest in the horizontal position is, when it can be enforced, a most important adjunct to the treatment. The following case, recently under my care in the extern department of the Adelaide Hospital, affords a good example of the value of local blood-letting in cases of retroflexion depending on subinvolution.

E. M., a married woman, aged 39, the mother of six children, had a miscarriage four years ago, and has ever since suffered from severe pain in the back and in the loins. Menstruation had gradually become more and more profuse, and now usually lasted for fourteen days, debilitating her greatly. On examining her, the uterus was found to be