pending on a fatty degeneration, there occasionally are met with cases exhibiting a distressing form of hypochondriasis. If not depending on this condition of the heart, they are intimately associated with it. The hypochondriasis is recurrent in its nature, characterised notably by want of sleep; and, if sleep be procured, not necessarily relieved by it. There is a craving for frequent food; great anxiety for relief during the paroxysms, which are prominently marked by fears of an instant dissolution. During the paroxysms, the unhappy patient is almost entirely unable to divert his thoughts from his own morbid feelings.

The physical condition of the heart whereby this series of symptoms is induced is primarily and essentially that of weakness in its muscular fibres. These are found to be flaccid, absorbed, or degenerated; and in some instances fatty matter is interposed. This latter, while weakening by absorption and alteration the fibrous structure, by accumulation impairs the power of the heart itself.

Debilities of the heart, such as have been now described, may be the process of years, or they may be the prompt result of recent inflammations, having their seat in the structure of the heart itself or in the surrounding membrane. They are not unfrequently associated with the gouty habit, and are often the immediate result of a gouty metastasis.

The depraved physical condition of the heart in these cases evidently accounts for the deficiency in the power of the impulse, so that, though there may in some be an increase of size, the heart has no longer the power to close, with vigour, on the blood which it has to propel; the necessary dynamic force is wanting; and to this we must look for the *rationale* of the essential symptoms. It accounts for the impulse being so deficient in force that the external evidence of the systolic contraction is barely appreciable, whether by sight or touch. It also accounts for the fact that the valvular sounds are not so pronounced and defined as in a vigorous organ; as also for the irregularity and diastolic murmur in the pulse, and for those manifestations of the often recurring sensations of general weakness and faintness consequent on exertion.

The general increase in the parietes of an enfeebled heart by dilatation or by fatty deposit, explains the diffusion of the impulse, though its force be diminished. Dilatation, moderate in amount, and without increase in the thickness of the parietes, accounts not only for the louder tone of the sounds then heard, but for their being sharp and clear. The column of blood upon which the several valves have to act is, in this case, rather increased than diminished, while the dilated walls communicate more readily to the ear the sounds thus induced. An increase in this simple form of dilatation accounts for the relative diminution of the first sound. The dynamic power of the enfeebled ventricle is unequal to closing with energy on its distending amount of blood—hence the auriculo-ventricular valves, in the exercise of their function of preventing regurgitation, do not promptly and forcibly close, and hence the normal amount of vibration fails to be produced. The second sound is not interfered with to the same extent. On the occurrence of the diastole of the ventricle, the semilunar valves immediately and effectually close, and, as the column of blood is ample, the integrity of this sound is not very markedly interfered with. Should the ventricular dilatation increase, the mitral valve becomes, to a certain extent, inoperative, and there is heard a faint and prolonged regurgitant murmur; and if this ventricular dilatation still further increase, the semilunar valves also become inoperative, and there is not only murmur instead of the second sound, but the rhythm of the column of blood is interfered with, so that an uncertain soft and undulating pulse is felt in the artery at the wrist.

The prognosis in each of the cases belonging to this category of disease is eminently unfavourable. For the most part, whether dependent on congenital weakness, or due to accidental sources of development, they insidiously progress and assume a chronic and incurable form. Unless the most judicious precautions be adopted, they advance to the impairment of power, and eventually to the destruction of life.

It is, perhaps, doubtful whether the progress of disease in these cases is not inevitable, and that all we can hope to do is, by a careful prophylaxis, to prevent, not the inevitable advance, but its undue acceleration.

Of all the diseases of the heart, it is in this class that death pre-eminently takes place suddenly. With structural debility in the heart itself, there is associated the not unfrequent tendency to sensations of a passing faintness. Any over-fatigue or undue mental shock or exhaustion, or violence in diet, may not only induce these, but determine the occurrence of a perfect fainting fit, with hazard—more often consummated than not—of causing the immediate cessation of life itself.

The treatment is mainly prophylactic, may be slightly remedial, but can in no case be esteemed to be curative. The avoidance of all exhaustion—mental and bodily—of sudden physical exertions and mental shocks, of intemperance in diet, and of the depressing influences of cold, are the main means to be observed: at the same time the general

health should be sustained by a careful diet, and the specific tendency to faintness by the occasional use of light stimulants and restoratives. As symptoms arise and require, the use of ferruginous tonics, sedatives and antispasmodics, may be adopted.

[To be continued.]

ON SICK-HEADACHE.

By SAMUEL WILKS, M.D., F.R.C.P., F.R.S.,

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THE subject of sick-headache is one in which I take a personal interest, having been a martyr to it all my life, and having, in consequence, too often had to compare notes with those who have been like sufferers with myself, whether they have been friends or patients. It is important to possess a correct idea of what is intended by the name, for I have often met with medical men who have no other knowledge of a sick-headache than what is implied in the term bilious attack, or the headache which follows the eating too good a dinner. A headache following a debauch or too much wine is common enough, and may happen to any one; also the headache in particular idiosyncracies, from eating some special article of diet, and which, probably, has a gouty origin. But the true sick-headache, which I take is almost equivalent to hemicrania or migraine, is a purely nervous affection, and occurs generally in the most temperate livers, and thus is often totally misapprehended by those who only think of headache as a symptom of stomach-disorder. It is for the most part hereditary, runs in families, and is due to a peculiar nervous temperament. Whatever produces a strong impression on the nervous system of such an one predisposed will cause an attack, and it may thus be induced in a hundred different ways. Consequently the sufferers from this complaint often make it the whole business of life to avoid moving a single step out of the even tenour of their way, so as to prevent, as far as possible, its occurrence. The visit to the theatre, the concert-room, or the dinner-party, is always followed by headache, for the excitement, the altered temperature or vitiated air, are all equal to its production; but even less than these is sufficient, for any strong impression on the special nerves will produce it, as a loud noise, an hour's visit to a picture-gallery, looking through the microscope, odours of various kinds, as of spring flowers, and even the tasting of some substances; also exposure of the body to the sun or a strong wind; moreover, various moral causes and worry are sure to be followed by the familiar headache.

The true cause, then, of sick-headache lies deep in the patient's idiosyncrasy, and is developed by a hundred different causes. The advice, then, to sufferers is to give as much tone as they can to their nerves by adopting all those methods which experience has shown to be good, and then avoid, as far as is practicable, all those causes which are known to excite an attack. I need scarcely describe a sick-headache—how one rises in the morning more dead than alive, perfectly unable to swallow the smallest particle of food, and often perhaps actually sick; how the head throbs, and the pain increased by the slightest movement; how speaking or doing is a burden beyond bearing; how one prays to be left alone in the utmost quiet, so that he may, if possible, sleep. To other persons the sufferer looks extremely ill, very pale, dark around the eyes, and with contracted pupil. To himself his head feels hot, and the application of cold is most refreshing. The clamminess in the mouth, the nausea, and general gastric disturbance, are secondary, and have no connexion with any improper meal, and thus is in no way relieved by the too frequent and ignorantly administered purgative. This is not needed, and has no good result. The only remedies which are of any avail are those which act on the nervous system, such as hot tea and coffee; or, after the stomach is quieter, and the more urgent symptoms have passed off, a little wine or ammonia. If the headache take more the form of hemicrania, then remedies are occasionally useful, as the local application of the bisulphide of carbon, or galvanism, and internally the bromide of potassium. This is the only drug which I have really seen to be serviceable. Whilst the nausea exists and the worst symptoms prevail, even this remedy is of no avail. So little can we prejudice the value of medicines, that I have even been willing to administer any remedy which can be proposed; and thus not long ago I myself swallowed with great faith a specific powder sent me by a friend from Vancouver's Island; but, alas! it must be catalogued with all other remedies for sick-headache—it was useless. As regards tea and coffee, which often relieve, it is possible that these and other stimulants, taken in excess, render the nervous system more susceptible to the attacks; and I believe I am right in saying that it was Mr. Martyn of Brompton who informed me of more than one person who had entirely lost his headache from leaving these off.

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