of the vagus, or else radiating in the same tract from a focus in the neighbourhood of the quadrigeminal bodies. The analogy of epilepsy, which is supposed to have its point of departure in a tendency to explosive discharge in the motor tract of the medulla oblongata, lends support to this view.

I am not at all disposed to deny that disorders of local circulation occur in the course of megrim, and that the implication of the sympathetic may play an important part in their production; but I regard them among the least constant and regular of the phenomena, and certainly not as essential and as the cause of the rest.

CASE OF POPLITEAL ANEURISM CURED BY VOLUNTARY FLEXION OF THE LEG IN ABOUT THIRTY-SIX HOURS.

By T. HOLMES, F.R.C.S.,
Surgeon to St. George's Hospital.

I THINK the following case may be of some interest to the readers, as well as to the editor, of the BRITISH MEDICAL JOURNAL, as an example of the great ease with which consolidation can sometimes be procured in a popliteal aneurism by the simple method which was first introduced into practice by Mr. Ernest Hart. The merit of our editor in this respect is in no degree lessened by the fact that Sir W. Fergusson or his house-surgeon had made some attempt of a similar kind before, or that the same idea had occurred to Maunoir, of Geneva, who seems to have put it successfully into practice. Neither of these facts was known at the time, so that they could have had no influence on Mr. Hart's discovery. I took peculiar interest in the matter, having seen the original case in consultation with Mr. Hart; and it happens that I have been peculiarly fortunate in my experience of the method, this being the second case under my own care in which a cure has resulted in two days. My former case was reported in this JOURNAL (vol. i, 1868, p. 585). In small recent aneurisms (such as both of these were), if complete flexion of the knee abolish, or almost abolish, the pulsation, the surgeon may entertain a very confident hope of effecting a cure by this most simple, easy, and painless treatment. Nor is there occasion generally for any inconvenient constraint. The patient, being a man of ordinary intelligence, can easily be shown the effect produced on the pulsation by the bending of the leg; and if it be inconvenient to him to have the limb bandaged, it can be left lying on its outer side, on a couple of pillows, in a position of as complete flexion as he can bear; and he may generally be trusted to change that position to a slight extent from time to time. Next day, if no impression have been made on the tumour, the muscles will have become somewhat accustomed to their position, and he will probably be able to bear more complete and more rigid confinement; but this, in the present instance, was unnecessary. It is well, I think, to keep up the flexion for a day or two after the apparent cure, since we know that pulsation may recur after it has completely disappeared. At the same time, I am under the impression that this recurrence is very improbable if the anastomosing articular vessels have been plainly felt to be enlarged. It is an interesting feature in this case, that this enlargement of the collateral arteries had gone on to such an extent, in less than forty-eight hours, as to render them plainly perceptible to the touch. The completely fluid condition of the contents of the aneurism on the patient's admission renders it tolerably certain that no enlargement could have taken place previously. I append notes of the case, which have been kindly furnished to me by Mr. Stirling, my clinical clerk.

CASE.—John G., professional cricketer, aged 32, was admitted on February 21st, 1872, and transferred to Mr. Holmes's care on the 23rd, with a circumscribed pulsating tumour of the ham. He was playing at cricket at the end of August, when, on stooping very suddenly to pick up the ball, he felt a slight pain in the ham; during the rest of the match, he was conscious of a sensation of weakness in that part. During a month following, he neither thought nor felt that there was anything amiss; but at the end of that period, he noticed a "lump" in the ham, which was attended with some pain and weakness; these symptoms he had experienced a few days before he noticed the lump. He applied to the tumour some lotion given to him by a surgeon, which apparently made it larger and more painful. He then came to the hospital.

On admission, there was found to be a rather hard pulsating tumour, about the size of a walnut, in the upper and outer part of the right popliteal space. The pulsation was of a distensible character, and was entirely stopped by pressure on the right superficial or common femoral arteries; and when either of these was compressed, it could be entirely emptied of its contents. There was a very loud *bruit*. On his ad-

mission, the tumour was accompanied by considerable gnawing pain, but this symptom subsided after he had been quiet in bed for a day or two. The man had enjoyed fair health, but was a rather free drinker. He was sent to bed, and ordered to have an ounce and a half of acid cinchona draught three times a day.

February 23rd.—On this patient being handed over to Mr. Holmes on February 23rd, about 3 P.M., he caused the leg to be very strongly flexed and bandaged upon the thigh; but this produced so much pain that the patient could only keep it in that position for an hour and a half. Subsequently he flexed it himself for as long as he could, relaxing the flexion when he could no longer bear it.

February 24th.—His leg was again forcibly flexed, but he could not endure the constraint even so long as on the previous day. He therefore continued voluntary flexion tolerably regularly at intervals. On examination at 2 P.M., the *bruit* was found to have quite ceased, and the tumour appeared decidedly more solid, with the pulsation diminished.

February 25th.—No pulsation or *bruit* was perceptible. The superior internal articular artery was felt to pulsate.

February 26th.—The tumour was still solid to the feel, without perceptible pulsation or *bruit*. The voluntary flexion had been continued fairly regularly, and was still to be carried on. The aneurism was very painful and tender to the touch. The articular artery was more perceptible.

February 27th.—Flexion was left off.

March 1st.—The tumour was hard, and had considerably diminished in size. There was no tenderness in the ham. He was allowed to get up.

March 4th.—He had been taking gentle exercise in the ward since the above date. The tumour remained hard, lessened in size, and without pain. He had been unable to straighten the leg since flexion was left off; but on each day a manifest improvement in that respect was visible; and on March 9th, the limb was nearly straight. He was discharged as cured.

HYDATIDS OF THE BRAIN: OPTIC NEURITIS.

By T. M. EVANS, Esq., Hull.

IN the JOURNAL of September 28th, 1867, I recorded some cases of thrombosis and embolism occurring at the Hull Infirmary, and amongst them one headed "Cerebral Embolism following Valvular Disease of the Heart," which afterwards proved to be a case of hydatids of the brain. Having just learned that this case has been quoted by Dr. Hammond in his work on *Diseases of the Nervous System*, I send the accompanying notes of the further progress of the case, which were read by me at a meeting of the local Branch of the Association in May 1868.

A lad aged 17 was admitted into the Infirmary in April 1867, suffering from headache, vomiting, confusion of vision, strabismus, and facial paralysis, with a loud mitral *bruit*, resulting from a recent attack of acute rheumatism; and these symptoms, together with the ophthalmoscopic appearances to be presently described, were supposed to denote "some morbid condition within the cranium, which appeared to have its most easy and natural explanation in cerebral embolism—an opinion further supported by the perfect recovery of the patient". However, seven months afterwards he was readmitted with headache, increased dimness of vision, and a staggering gait, being unable to walk without assistance, and he gradually sank exhausted. At the *post mortem* examination, on removing the brain, much fluid ran from the subarachnoid space, and from the ventricle, which appeared distended—the arachnoid membrane being also thickened, and the brain generally congested; and protruding from the under surface of the cerebellum on the left side was a mass of hydatids, forming a tumour of about two inches diameter, most of them collapsed, but some remaining full and transparent. During his last stay in the Infirmary, being confined to his bed, he was not examined with the ophthalmoscope, but the appearance of the fundus in his first illness was full of interest. I quote from the JOURNAL: "The retinal vessels were found much enlarged, and the veins very tortuous; the optic disc, of an intense red colour, not being distinguishable from the surrounding parts, except by the entrance of the vessels, the redness being chiefly due to a number of very fine vessels radiating from the centre." Dr. Hughlings Jackson recently remarked that optic neuritis indicates the presence of "coarse cerebral disease", by which is to be understood some tumour or other palpable affection; and this case corroborates his views.

In the previous May, a very interesting paper had appeared in the *Medical Times and Gazette*, headed "The Ophthalmoscope in Physicians' Practice," in which were recorded several cases occurring in the prac-

tice of Dr. Clifford Allbutt and Mr. Teale, where atrophy of the optic nerve was found to accompany disease of the central nervous system. This atrophy is a common result of neuritis. "M. Galezowski has described the vessels of the optic disc and their pathological significance. They arise from the choroid plexus and middle cerebral artery; their branches uniting to form an uninterrupted network of vessels extending along the optic tract to the disc, and to this the natural rosy tint of the disc is due. Its vascularity is therefore a cerebral vascularity, and not an offset of the ophthalmic artery like the vascularity of the retina." I remarked in the JOURNAL: "One may fairly believe that the intense congestion denoted a similar condition of the brain; and there seems much reason to hope that the frequent use of the ophthalmoscope in cerebral disease will throw a new light on the subject, and afford indications for treatment." Indeed, we may probably gain as much information of the condition of the brain from an examination of the optic disc, as we are accustomed to derive in disorders of the stomach from an inspection of the tongue.

OBSTETRIC MEMORANDA.

RUPTURE OF THE MEMBRANES BEFORE THE COMPLETION OF PREGNANCY.

HAVING read the testimony in the JOURNAL of several gentlemen on this subject, I venture to add two cases that have come under my own observation; but which, as with Dr. Swayne, occurred to me early in practice when I was not aware of their extreme rarity. The first case occurred when I was obstetric officer at St. Mary's Hospital. I went to the patient, a multipara, on being summoned, and found what I considered to be the first stage of an ordinary labour considerably advanced. The membranes were not ruptured; but the os uteri was dilated to the size of a half-crown, and I could make out a vertex presentation. Soon after my arrival, the membranes ruptured, and a large quantity of water escaped. I then made another examination, expecting to find some advancement of the fetus. It was, however, in much the same position as at first. The os uteri was rather more dilated, and pains recurred at regular intervals, and with ordinary severity for about three hours. Little progress was made, and from that time they rapidly ceased. I waited another hour or two, and then left with instructions that I should be sent for when the pains came on again. Hearing nothing of my patient, in twenty-four hours I went to see her, and found her free from pain, quite comfortable, and sitting up. I did not make any examination again till the fourth day, when I found everything as at the last examination. I saw her almost every day, but no signs of labour appeared, and she went about her ordinary household duties till the thirty-third day. She was then easily confined, but without any further watery discharge; and her labour was perfectly dry. If the former discharge was not "liquor amnii," what had become of it?

The second case occurred in private practice. The patient was about ten weeks advanced in her second pregnancy, when she was taken with severe pain in the lower part of the abdomen, recurring at intervals, accompanied with a watery discharge from the vagina. I made a digital examination, and found the os uteri undilated, and in fact in a normal state for this stage of pregnancy. The pains and discharge lasted for two days and two nights, when, under perfect rest in the recumbent position and small continued doses of opium, it gradually subsided, and she remained perfectly well till her confinement in due time, when everything was favourable both to her and to the child.

WM. COX, M.R.C.S., Winchcombe.

UTERINE HÆMORRHAGE.

IN the JOURNAL of February 24th there is a communication from Dr. Braxton Hicks entitled "On a Form of Concealed Hæmorrhage before the Expulsion of the Placenta, rarely noticed," to which he says he has failed to find any allusion in other works on midwifery than the lectures of Dr. Blundell on the *Treatment of Twins*. It is only justice to the able treatise by the late Dr. Ramsbotham to say that, at p. 527 of the fifth edition, it is written: "Again, a collection of blood behind the membranes of the retained placenta may be mistaken for the unbroken cyst of a second child. The case will be rendered clear on facerating them; for coagula and fluid blood will escape, instead of liquor amnii."

S. L. P., Edinburgh.

** The above quotation includes the whole of the allusion in Ramsbotham's work. Under the head Hæmorrhage from Retained Placenta, there is no further remark. It is only thus incidentally, as a cause or error in the diagnosis in twin cases, that he mentions it. As a cause of serious danger, it is not thought of.

REPORTS

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

THE LONDON HOSPITAL.

CASES UNDER THE CARE OF MR. JONATHAN HUTCHINSON.

WE are indebted to Mr. Nettleship for the particulars of the following cases.

The following cases were examined on Monday, February 12th.—A well marked case of inherited infantile (secondary) syphilis.—A case of small median ventral hernia in a man, about an inch and a half below the ensiform cartilage, of twenty years' duration. The patient was spare, and not in robust health.—A large aneurism of the right femoral artery, rather below the middle of the thigh, of three weeks' duration. Further details of this case are reserved until its completion.—An excellent example of

Xanthelasma Palpebrarum in a middle-aged Woman, who suffers from severe Sick-headaches.—Mrs. R., aged 46, under the care of Dr. Sutton, presented numerous patches of xanthelasma of the eyelids of both eyes. They were most numerous around each inner canthus, and were of a somewhat darker yellow than usual. She stated that the spots appeared first on the left side, but at present they were somewhat more numerous on the right side. For many years she had been liable to sick-headaches of great severity, "so that she could hardly hold her head up sometimes"; and she stated that on these occasions the skin around her eyes became very dark. Her complexion was rather dark, and the area around each eye specially so. She had dark brown hair and greenish-brown eyes. She had never had jaundice. Mr. Hutchinson thinks that xanthelasma palpebrarum is confined to persons who get dark areolæ round their eyes; and that, therefore, the existence of the yellow patches does not of necessity tell us anything more than that for years past the patient has been liable to a pigment-disturbance (accumulation) in the skin of the eyelids, from some cause or other. Mr. Hutchinson mentioned some of the symptoms commonly associated with the dark areola, especially sick-headaches, certain ovarian disturbances in women, indigestion, fatigue. He alluded also to peculiar nervous symptoms which sometimes occur in patients subject to the dark areola, and who afterwards become xanthelasmic; to the jaundice, with temporary enlargement of liver, which comes on in a few patients who later get xanthelasma; and to the occasional formation in the xanthelasma-position of deposits allied to, though differing in histological details from, those of the typical disease.

KING'S COLLEGE HOSPITAL.

RENAL DISEASE FROM EXCESSIVE DRINKING: HEMIPLEGIA: RETINITIS: ALBUMINURIA: GREAT HYPERTROPHY OF THE HEART AND SMALL ARTERIES.

(Under the care of Dr. GARROD.)

WE are indebted to Mr. Warner, House-Physician, for the following report.

Alfred Bacon, aged 40, a plumber, was admitted November 13th, 1871, under the care of Dr. Garrod. The notes were taken by Mr. J. S. Hutchings, Clinical Clerk. On admission, the patient complained of "blood-spitting" and great general weakness. On questioning him, it appeared that he had formerly drunk freely, though he had ceased to do so lately. He had no symptoms of having suffered from syphilis, and till the present illness had considered himself a healthy man. His work exposed him much to the weather. About eighteen months before admission, he had a severe attack of epistaxis, which was only stopped by plugging. He also suffered from headache about this time. One day in June last, he suddenly felt a sensation of "pins and needles" pass from the right hand up the arm to the head, and then down the right side to the foot. He did not lose consciousness, and there was apparently no facial palsy or aphasia; but the right arm and leg were paralysed. The leg gradually recovered its former power, but the arm has been useless ever since. For about three months past his sight had been rapidly failing, so that, on admission, he could scarcely see letters half an inch in diameter. He had also suffered from severe epistaxis for a few weeks. On admission, the patient was a well-developed man, but very anæmic. He was unable to lie down, on account of the dyspnoea. He was much distressed by severe and constant headache and pain in the back. On examination, the cardiac im-