the abdomen, and some tendency to diarrhoea, with uneasiness after the food. The chest is improving.

℞ Ferri et quinquæ citratis gr. x; liquoris opii sedativi mviij; aquæ pimentæ ʒj. M. Fiat haustus ter die sumendus. Sumat tannini gr. iv ter die.

Soon after this he became quite convalescent, though some degree of abdominal uneasiness still remained when my attendance ceased.

REMARKS. Here was a case of chronic bronchial and gastric catarrh, associated with neuralgia of the intestines. The latter on several occasions became exacerbated towards evening (as is common in neuralgia), and hence the diarrhoea and sickness. There must have existed a state of irritation of sensory nerves, combined with paralysis of the vascular; so that muco-watery profluvium took place from the gastric and intestinal surface. The point, however, which I wish to remark is the extension of the morbid action to the outer teguments at a time when he had been more restrained than usual, and the prevention of any recurrence of the disorder by the use of nervine tonics. Supposing that I had not recognised the true nature of the eruption on the skin, and had believed it to proceed, as well as the neuralgia, from undigested matters in the primæ viæ which required to be carried off by purgatives, would it not have made a material difference in the patient's state? The hyperæmia and irritation of the cutaneous surface was a faithful representation of the state of the mucous; and the state of the general system, the paroxysmal character of the disorder, and the success of nervine remedies, showed clearly that the affection was chiefly of the nature of a neurosis. Such instances of the power of nerves over blood-vessels, and the tissues they supply, are certainly very striking. Conceive the possibility of such an erythema as occurred here on the skin taking place on the convoluted grey surface of the brain—what fierce excitement and delirium would it not probably induce! Something of an approach to this I have seen in patients who appeared with cheeks looking as if they had been highly rouged, but hot and burning, and who complained of a throbbing and headache at the same time. It was clear that in them the ramifications of the external and internal carotid were relaxed, and admitted an hyperæmiating supply of blood to the parts they were distributed to. In these cases, also, nerve tonics were found successful.

CASE XIV. A. F., aged 22 years, a cook, was admitted on January 2nd. She had been ill fourteen days. She has been residing lately in St. John's Wood. She complains of a "terrible" pain in the right side, paroxysmal, and attended with sickness. She says she keeps nothing on her stomach, either solids or liquids. She faints away two or three times a-day when the sickness comes on. She has terrible shivery feelings all over her each time before the sickness comes on. There is not much epigastric tenderness, nor enlargement of either liver or spleen. She has no sleep at night, and feels then "so dreadfully cold." Tongue glazy, clean. Skin cool. Pulse weak. Bowels confined three days.

℞ Strychniæ gr. 1-16th; ferri et quinquæ citrat. gr. x; acidi citrici gr. j; aquæ pimentæ ʒj. M. Fiat haustus ter die sumendus.

Sumat pil. aloes c. sapone gr. v omni nocte.

January 5th. She is much better; has no fainting; the sickness was stopped by the first dose. She has some pain in the side, but nothing like so much. After this she went on very well for a fortnight, but having gone to a situation in the country, and ceased her attendance, a relapse occurred.

In another woman, a laundress, aged 38 years, ill six months, there were the same violent paroxysms of pain in the right side, and constant vomiting. Her illness commenced with loss of appetite, nausea, thirst, and depression of spirits, with violent shivering and perspirations. During the attacks of pain she felt almost paralysed, unable to stand. The urine, when I saw it, was perfectly aqueous,

but was stated to be sometimes as red as blood. She resided on the bank of a canal. A son of hers, aged 16 years, suffered with asthmatic symptoms, and two of her daughters were often ailing. Intermittent fever was said to occur in the street. I gave the same medicine as in the former case, and the sickness ceased, and the appetite improved. In eleven days she stated she was wonderfully better than she had been. But the heat and steamy vapour to which she was exposed in her calling, the unfavourable locality, the fatigue, and, I believe, the epidemic constitution, were all too powerful to be counteracted by drugs, and when I last saw her she was in a pitiable state of prostration, mental and bodily. The sickness and pain did not seem to be severe, but her head was oppressed by a feeling of pressure and burning at the top; her memory was very deficient, and she was very anæmic.

REMARKS. In the latter of these cases especially, the operation of malaria, as a cause of disease, seems to me very probable. The symptoms with which the illness set in were those of a febrile paroxysm, and the varying condition of the urine subsequently indicates a recurrence of the same state. The peculiar extreme debility, the neuralgia, the vomiting, the failure of memory, of muscular power at the time of the neuralgic paroxysm, all go to make up a picture which is more like the effect of chronic malarious disorder than anything I know. In both cases, there was the same phenomenon of semi-paralysis during the paroxysms of pain, but in one case the heart was more affected, producing syncope, and in the other the general muscular system. The sudden death of several of the convalescents at Walcheren, mentioned by Sir G. Blane, was doubtless the result of cardiac debility; I have seen patients from the Crimea who evidently suffered from a partially paralysed state of the nerves of the heart, and I have had two instances communicated to me in which the paralysis affected the cerebro-spinal system, in one an arm being deprived of motion, and in the other all the limbs.

The cases now cited are but examples of a great many in which similar symptoms, more or less strongly marked, have been observed. They (those cited) have all occurred since the cholera epidemic of 1854, and the general result of my experience has been to the effect that, since that period especially, some general influence has been operating extensively on the nervous system in a manner irritating and depressing, the one or other condition predominating in different instances, but the latter constituting the main and fundamental state. Whether there actually exists a malaria I cannot be sure, as we have no other test for it than its morbid effects; but it does certainly appear to me that the phenomena we notice are exceedingly like those produced by this poison. I could wish that the views of Dr. MacCulloch on this subject were more generally known and considered than they seem to be.

ST. GEORGE'S HOSPITAL.

ANEURISM TREATED BY PRESSURE, ILLUSTRATED BY A SERIES OF CASES.

By T. HOLMES, Esq., Surgical Registrar to the Hospital.

[Continued from page 494.]

CASE IV. *Double Popliteal Aneurism: Diseased Heart: Compression to both Femoral Arteries for more than seven Months: Failure of the Treatment.* J. B., aged 38 years, was admitted, under the care of Mr. Cutler, October 30th, 1855, on account of a popliteal aneurism on the right side. He was a strong healthy man, a soldier in the Life Guards, and therefore of rather dissipated habits, but had had no serious illness in the course of his life. No cause was known for the appearance of the swelling, nor was its date ascertainable with accuracy. He had noticed the beating for several months, but not so much as a year. It had been increasing with great rapidity during the past week, and had been growing painful. He had been doing duty with

his regiment till a fortnight before his admission, and had had no medical treatment. The aneurismal tumour in the right ham was large, and the pulsation very superficial. There seemed to be no solid in the sac, as the swelling filled immediately on pressure being removed from the artery above, the blood coming back in a single wave. There was no thrill in the tumour. The bruit was soft, short, and low for the size of the swelling. A murmur, not quite so loud, but very much of the same character, was to be heard in all the larger arteries. This seemed to depend on disease of the root of the arterial system, as, on listening to the heart, a very loud regurgitant murmur was heard with its second sound, and a soft murmur also with the first. His pulse was regular, but weak and thrilling. He had never had rheumatism; and the only inconvenience he felt from the condition of his heart was an occasional attack of not very severe pain in the præcordia.

He commenced the application of pressure, by means of a weight and a *presse-artère* alternately, on the following day; and so little inconvenience did he feel from the treatment, that he was able to keep the pressure up all day and most of the night. The pressure was sufficient to nearly but not quite stop the pulse in the artery. No effect seemed to be produced on the swelling for the first six days. After this it was noted that it did not fill so rapidly on the removal of pressure. The pulsation from this time went on gradually diminishing, and solid continued to be deposited in the sac; so that, after he had applied pressure for about six weeks (which he continued to do with the greatest steadiness, and apparently without any great inconvenience), the swelling had decreased to about half its former size, and the bruit had disappeared. The pulsation was soft, but quite perceptible. In this state it has since remained, notwithstanding that the patient has persevered with the greatest resolution in the constant employment of pressure and refrigerating lotions to the tumour.

Meanwhile another aneurism showed itself in the opposite ham. This was first noticed on December 20th, and had certainly not been formed on his admission, at which time that ham was carefully examined. The swelling was seated at the lower part of the artery, beneath the heads of the gastrocnemius, which were expanded over it. It was apparently small, felt very soft, had a gentle heaving pulsation, and no murmur except the same as was to be heard in all the arteries of the body. The swelling disappeared immediately on pressure being placed on the artery above, and reappeared immediately on its removal.

Since this date, he has persevered steadily in the use of pressure to both thighs till within the last few days, a period altogether of more than seven months. The pressure has been applied by means of a *presse-artère* alternating with the application of a weight in the groin, and has been maintained almost uninterruptedly.

Little change, however, has been produced in the aneurismal swellings. That on the left side increased somewhat in size for the first few weeks after its appearance, but has been now for a long time stationary. There seems to be no tendency to the deposit of solid matter in it. On the opposite side the tumour remains, almost filled with softish clot, but still pulsating very distinctly. As after this protracted and resolute trial of the compression treatment the disease appears not to be curable by that means, and as the state of his heart forms a counter-indication to any serious operation, it has been thought best to apply such moderate pressure to the arteries in the groin as may be compatible with his moving about, and, at the same time, sufficient to check the growth of the aneurism, and to give up the further treatment of the case. Accordingly, a double truss has been made to press upon the artery in each groin, and he has been ordered to get up. He has been out of bed for the last few days, but is not yet in a condition to move about.

CASE V. *Diffuse Popliteal Aneurism, probably from Rupture of the Artery in a Fall: Compression for six weeks: Cure.* J. K., aged 26 years, was admitted April 21st, 1856, under the care of Mr. Cutler.

The patient is a groom, of healthy appearance, and has always enjoyed good health. About Christmas last, a horse he was riding fell with him, and rolled on to his right leg. There was some swelling behind the knee shortly after the accident, but he took little notice of it. The swelling was observed, a month afterwards, to be increasing, and has continued to do so ever since. He has never noticed any pulsation in it. He complains of shooting pain down the leg, stiffness of the knee, and œdema of the foot and leg. He has had no medical treatment. The whole ham is found full of softish semi-solid deposit, over which there is a good deal of general swelling, and the skin, in one part (towards the outer side), is discoloured, as if by ecchymosis. No pulsation is perceptible, and pressure on the artery makes very slight difference in the size of the swelling. On applying the stethoscope, a loud rasping bruit is heard with each pulsation of the artery. This is heard in every part of the tumour, and as far as the condyles of the femur on either side. The pulse cannot be felt in the tibial arteries. There is a good deal of œdema of the foot and leg, and some effusion into the knee-joint. Pressure was applied by means of a *presse-artère*, on April 24th, and was well borne. The effusion into the joint soon subsided, as did the œdema of the foot and leg. The shooting pains down the leg also left him. No particular change, however, occurred in the swelling.

A fortnight after the commencement of pressure, the pulsation was quite distinct, and the swelling could be plainly felt to fill on the removal of pressure applied to the artery. He has continued the pressure ever since, and, as it appears, with very slight inconvenience, and to this has been added direct pressure by means of a bandage wetted with saturnine lotion. Within the last few days the bruit has disappeared, and the pulsation is not to be felt, nor can any change be observed in the swelling on compressing and letting go the artery. It is hoped, therefore, that the disease is permanently cured.

The compression when applied was sufficient to stop the pulsation in the swelling (while that pulsation was at other times perceptible), but not to check the circulation altogether, the bruit being still audible.

Hospital Cleanings.

RHEUMATIC AND OTHER FORMS OF ANCHYLOSIS: TREATMENT BY THE INHALATION OF CHLOROFORM: DIAGNOSIS OF THE SEVERAL FORMS OF ANCHYLOSIS.

MR. STANLEY has recently directed the attention of his pupils to a class of cases where the patients suffer from a species of false anchylosis, the result of rheumatism, where he has found chloroform of enormous value, as allowing the patient under its action to have all the fibrinous deposit in and around the joint broken up, and a good use of the limb restored. Mr. Lawrence has at present a very remarkable case of this, where an inflammatory affection of the hip was mistaken for fever, and treated in the Fever Hospital. The case was ultimately found to be one of rheumatic dislocation of the hip.

In this case of Mr. Stanley, that of a little girl, aged ten years, in addition to swelling, there was complete immobility of the joint, the tibia and fibula were drawn outwards and backwards, the joint was rigid, but moderately flexed, and all the ligamentous parts, as Mr. Stanley explained, were quite thickened, without effusion into the cavity. For Mr. Stanley draws a marked line of contrast between those cases where inflammatory lymph is effused into the joint, and those instances where the joint itself is comparatively free from disease, but thickened externally. At one time all these pathological states, according to Mr. Stanley, were confounded together; and many simple cases,