

dependently of any mechanical cause, though they may also coexist with it. I have at present under my care a widow lady, aged about thirty, who had for years been suffering from lumbar and pelvic pain extending down the left thigh, and accompanied with lameness, dysuria, and slight uterine catarrh. The cervix uteri was congested and the os patulous, the sound penetrated five inches, and the fundus was tilted backwards. Before she consulted me she had been treated by others for retroversion by mechanical expedients only, and for a long time I did the same. Every pessary—and the number was almost countless that I tried,—however well it might fit, was practically useless: before a week's time she would limp into my study in as bad a plight as ever. I need not go through the details of the case further than to add that I learned at last that she inherited gout, and, on examining, found her urine laden with uric acid. She was then treated by alkaline remedies and colchicum, sent to Vichy, and has returned with all the symptoms relieved, and, though yet necessitated to wear a Hodge's pessary, is practically free from any discomfort.

With regard to active local treatment in ordinary cases of chronic inflammation and simple ulceration of the os and cervix uteri, Tallestrand's advice to a young diplomatist might be advantageously adopted by gynecologists—"Surtout point de zèle." If we trusted more to nature in such cases, I verily believe that in most instances our patients would get well sooner than if the local irritation be increased *secundum artem* by almost daily examinations and the repeated application of escharotics. I have, again and again, seen simple abrasions or ulcerations of the cervix uteri cured without any topical treatment whatever; and in other instances cervical ulcerations of long standing were healed, and hypertrophies of the cervix which had resisted the use of the potassa fusa, potassa cum calce, and other violent remedies which had been previously employed by bolder practitioners, were reduced by the use of a strong solution of iodine in glycerine or spirit, or nitrate of silver, combined, of course, with constitutional treatment. In such cases, too, I always rely in great measure on the effects of emollient or medicated tepid vaginal irrigations. For this purpose the ordinary vaginal syringe is always an imperfect and useless, nay, in some cases even a dangerous instrument. I therefore always recommend the use of an irrigator such as that which I exhibited to the Obstetrical Society some time since. The instrument is very portable, can be readily used, and is capable of impelling a gentle continuous stream of plain or medicated water into the vagina for any length of time, and in any position the patient desires, without causing the least fatigue.

Before considering the uses of mineral waters in cases of impaired health connected with chronic inflammation of the uterus and its appendages, we should in the first place recognise the fact that in such cases local treatment, although not to be neglected, should be subordinate to the cure of the constitutional disease which is the remote, and too commonly the undetected, cause of the local complaint. Thus, in cases of scrofulous disease of the cervix uteri, in addition to the obvious hygienic and dietetic means required by all strumous patients, the faulty state of the blood must be corrected by alteratives and tonics—cod-liver oil, small doses of metallic iodine, Blancard's pills, and the syrup of the iodide of iron, and, above all, by the natural chalybeate and iodated mineral waters. In like manner, in instances of uterine irritation occurring in gouty patients our treatment should be primarily directed to the diathetic predisposing cause, and not, as is too generally the case, merely to the predominant local symptoms. It is utterly impossible to cure gouty inflammation of the uterus without constitutional treatment. There is never any difficulty in inducing valetudinarian ladies to take any quantity of medicine, and, as a rule, women bear colchicum and other remedies for gout fully as well as men. But it is by no means so easy to persuade a patient suffering from gouty endometritis, who has long been treated by local measures only, conjoined with a stimulating and nutritious regimen to keep up her strength, that her disease is the result of long indulgence in a diet beyond all proportion to the wants of her system, late hours, and little active open-air exercise. Nor in such cases is the patient always disposed to thank the physician who honestly tells her—

"Si tibi deficient medici, medici tibi fiant  
Hæc tria: mens læta, requies, moderata diæta."

Hysteria in some form is generally associated with chronic uterine disease, and this underlies and complicates most of the symptoms for which gynecologists are consulted. Counterfeiting every malady, acting through and upon the nervous system, attended with groundless apprehension, depression of spirits, and morbid irritability of temper, oftentimes rendering the patient herself as miserable as she renders those about her, this disease is closely allied to that graver nervous lesion which constitutes insanity, and, if unchecked, may pass into it. Local treatment, except to rectify some displacement or subdue some well-marked ovarian or uterine inflammation, is of little utility in such cases; nor are the tonics and antispasmodics usually relied on comparable, in their therapeutical effects in restoring a hysterical woman to the *mens sana in corpore sano*, to the saline chalybeate water, such as Ems, Schwalbach, or Spa, provided these be used at their source.

"There is," says Burton, "no better physic for a melancholy man than change of air and variety of places." And this physic we prescribe when we order our hysterical patients to any continental watering place. The use of some remote spa is something beyond the effect of the medicated water we have recommended. It necessitates what is of far greater service than any physical remedy in such cases—namely, the moral benefit of change of scene, of occupation, and mode of living. The functions of the liver and bowels, commonly torpid in hysterical women, are stimulated by the change of living, and a sedative effect is generally produced on the hyperæsthetic condition of the patient. The changes and incidents of the journey suggest new thought, by which the patient's mind is diverted from that morbid concentration on her ailment which characterises utero-hysterical disease, and ceasing to dwell on her symptoms, they cease to exist; in other words, she is cured.

The benefits derived from the use of mineral waters in the chronic diseases peculiar to women are by no means limited to the moral effects just referred to. In many of these spas we have medico-chemical agents of extraordinary therapeutic power, and in the next paper I propose to point out the special application of some of these in the constitutional treatment of chronic inflammation of the uterus and its complications.

(To be continued.)

## INTRA-CRANIAL ANEURISM.

By WILLIAM E. HUMBLE, M.D. LOND.

THE rarity of cases of intra-cranial aneurism diagnosed during life induces me to forward an account of a case now under my care. And I do so at the present time, rather than wait for the ultimate issue of the case, in order to draw attention to the importance of practising auscultation of the head more frequently than we are in the habit of doing.

So far as I can find, there are but two cases on record in which intra-cranial aneurism has been diagnosed during life—one by Mr. Coe, of Bristol, in which the carotid artery was tied successfully; and the other by Mr. Jonathan Hutchinson, who related the case at the Clinical Society on the 9th of April, 1875, and in which a spontaneous cure occurred by consolidation of the aneurism, as demonstrated by examination after death from another cause. Mr. Holmes in his lectures on Aneurism refers to Mr. Coe's case, and in the same lecture relates another case of intra-cranial aneurism which was for a long time under observation, but in which auscultation was unfortunately not practised, and the disease not diagnosed during life.

Mr. Holmes says:—"We know nothing at present of the diagnosis of intra-cranial aneurism, so that no treatment can as yet be directed specially to it. And, looking at the very free intercommunication of the four large trunks which nourish the brain, it seems unlikely that surgical measures directed to any one of them would procure the consolidation of an aneurism situated on one of its main branches." I think that a careful consideration of Mr. Coe's and Mr. Hutchinson's cases together with that I am about to relate, and the clearly defined symptoms in each of them, may perhaps lead us to look more favourably upon the possibility of diagnosing this disease within the head.

Mrs. —, a lady aged forty, has had a family of several

children, the youngest is seven and a half years old. During the last two or three years she has been getting much stouter, having previously been rather thin. Her habits of life have been active and regular. Has been subject for several years to severe attacks of hysteria, so severe as even to threaten the intellectual faculties, and was the subject of one of these attacks about a year and a half ago, since which time she has been quite free from them and her mind tranquil. Her parents are both alive and there does not appear to be any hereditary predisposition beyond gout, to which her father is subject; has not herself suffered from gout or rheumatic fever, or other constitutional affection. Has not received any injury to the head, except that about ten years ago she struck her head rather severely with the bough of a tree.

In March, 1875, she suffered, as did also the children, from an attack of epidemic febricula, and while labouring under it was seized with severe neuralgia of the right brow and adjacent region. The pain was constant, but with severe exacerbations. She also complained of some indistinctness of vision, with slight diplopia, but without perceptible squint. The neuralgia was much relieved by local application of acornite and chloroform, and after a short time disappeared. She never, however, lost the double vision. About the middle of May she told me she was still suffering from the disturbance of sight, and there was also some amount of photophobia, with slight contraction of pupil, especially of the right eye. There was also observed a decided though slight squint inwards of the right eye. Under the use of belladonna collyrium she was much relieved as regarded the photophobia, but the squint continued to increase, and became very decided. The power of the external rectus muscle was not quite lost, and she could by an effort of the will still direct the eye to some extent outwards. She also complained of a constant loud noise in the head. I ventured now to state to the patient that I had reason to fear that a tumour of some kind existed at the base of the brain, and recommended the occasional application of leeches to the temple, blistering behind the ear, &c. This plan was adopted, and she was also put gently under the influence of mercury, keeping the gums just tender for a week or two. The squint continued, although it certainly became less, and on the whole she thought herself better; but the noise in the head continued as loud as ever, and was a serious inconvenience to her, and not at all relieved by the bleeding from the leeches. Her indistinctness of vision also continued, though rather lessened in degree.

About this time she mentioned to me, as a curious circumstance, that her children said they could hear the noise in her head when they placed their heads against hers. On applying the stethoscope to the head I at once heard a rather loud systolic bruit accompanying each pulsation of the heart. The sound was of a blowing character, and was heard loudest over the right temple just above the anterior inferior angle of the parietal bone, thence diminishing in loudness to the vertex, and again louder at the corresponding part of the left side of the head, where it was nearly as loud as on the right side, though to my ear it seemed rather more distant. The sound is heard by the patient loud in the right ear and not in the left. The rapidity and loudness of the murmur are increased both to the patient and the auscultator by exertion or whatever excites the circulation. I was now convinced I had to do with a case of intra-cranial aneurism, probably of the internal carotid artery at the cavernous sinus, which by its pressure on the sixth nerve caused the strabismus, and had caused the neuralgic pains connected with the fifth. The convection of the sound so clearly to the two sides of the head was at once accounted for. I explained the nature of the case generally to my patient, and told her that I was of opinion that the operation of ligature of the carotid should be performed. On the 25th of June I had the pleasure of meeting in consultation Dr. Lush, of Weymouth, who, after a careful examination of the patient, agreed with me in every respect as to the diagnosis and treatment proposed.

My notes at that time state that her health is, except as regards the local symptoms, generally good. She says she has occasional feelings of sickness. Appetite good; bowels regular. There is no valvular murmur heard over the base of the heart, nor any systolic bruit in the neck. A musical venous murmur is heard at the base of the neck, but only produced by a certain amount of pressure with the stethoscope. An attempt was made to stop the noise in the head by pressure on the common carotid, but in consequence of the shortness and stoutness of the patient's neck it was not found possible

with any moderate amount of pressure to compress the artery sufficiently effectually to stop the pulsations or the aneurismal sound in the head. She sleeps well, and in fact is more inclined to sleep than usual, at times almost falling asleep in the daytime. The special senses are not affected, except vision slightly. There is no paralysis of either of the extremities, though she has been subject to occasional numbness of the fingers. Catamenia regular.

Ligation of the carotid has been declined by the patient, at least for the present. Mr. Tufnell's plan, by absolute recumbency and restricted diet, was then urged strongly, but with no better success, so far as concerned a fair and full trial of the plan; and I then determined on adopting the means so strongly advocated by Dr. Balfour for thoracic aneurisms. That plan is now being carried out, and I propose at a future time supplementing this communication by another recording the treatment and its results, with such further information as may be obtained in the progress of the case.

Corfe Castle, Dorset.

## A Mirror

### HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

#### LONDON HOSPITAL.

##### CASES OF FISTULA IN ANO.

(Under the care of Mr. MAUNDER.)

WE are indebted to Mr. J. Job, house-surgeon, for this report of some severe cases of fistula in ano:

CASE 1.—M. A. W—, about twenty-four years of age, a married woman in fair health, was found, on examination, to be affected with a fistula in ano on both sides of the anus. Mr. Maunder treated one fistula in the usual way by incision with the knife, and to the other he applied the elastic ligature. The operations were performed on March 10th, 1875. On the twenty-third day after the operation the knife wound was found to be healed; but not until the sixty-first day subsequent to operation was the ligature wound cicatrised. During the first few days a good deal of pain was felt at the seat of ligature, which came away, as it is shown in the drawing, on the tenth day. The little rounded head with a depression in the centre originally enclosed the tissues to be divided.



CASE 2.—J. H—, aged thirty-three, admitted May 3rd, 1875, with a fistula on the right side of the anus. On examination it was found to be about five inches in length, but with an intervening opening just within the sphincter. The most accessible portion of the fistula was laid open with a bistoury, while the rest of it was cut up with a pair of common scissors, the pointed blade of which traversed the canal, guided by a director, the bowel being protected from the second blade, and the progress of the operation ascertained by the left forefinger introduced into the rectum.

During the progress of the case a small abscess formed in the buttock, towards the perineum, which required evacuation. Notwithstanding this complication, and the great length of the sinus, the patient made a good recovery, and has remained well.

CASE 3.—E. M—, sixty-five years of age, admitted May 21st, 1875, was also the subject of a fistulous opening on the right side of the anus. On examination, a very long fistula was found, passing to the left of the vagina, and apparently terminating behind and on the left side of the symphysis pubis. No bare bone could be detected. An intervening opening into the rectum just within the sphincter existed.

Mr. Maunder declined to lay open so extensive a fistula, and explained to the patient that he could not undertake to cure her absolutely, but might be able by operation to prevent the constant discharge at the external orifice of the fistula, which was in itself a great source of annoyance and