the trigeminal is directly connected presents some congenital or acquired peculiarity of organization. But upon these subjects I shall have more to say under the heading of Etiology and Pathology.

(To be continued.)

ON PAROXYSMAL HÆMATURIA.

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I HAVE given the above name to a form of hæmaturia, two cases of which have during the last two years fallen under my attention. One is that of a middle-aged gentleman residing in Suffolk, who came to consult me in Nov. 1864, bringing with him a specimen of urine which he had passed on the previous day. He informed me that a slight exposure to cold brought on a fit of shivering, which was followed by the passage of urine of a more or less porter-like colour; and that, usually by the next day, the natural appearance of it became restored. The specimen of urine he brought had been passed some time after a paroxysm of shivering, which had come on from driving in an open vehicle on the previous day. It was high-coloured, but not dark like porter; opaque from the presence of lithates; and, after the lithates cleared up, on the application of heat, a deposit of albumen came down. On examining it microscopically, a large number of octahedral, oxalate-of-lime crystals were to be seen with the amorphous deposit of lithates. The urine he passed at my request during his visit was natural in colour and entirely free from albumen. A fortnight later I saw him again. He had suffered from no fresh attack, and, beyond a deposit of crystals of lithic acid, his urine was perfectly natural. A fortnight after this he brought me a specimen of very dark-coloured urine, which he had voided shortly after a shivering fit. This I found to be highly charged with albumen; and, by the microscope, casts of tubules, some blood-corpuscles, coloured granules, and numerous crystals of lithic acid were brought into view. The urine of the following day was natural in colour, and only slightly albuminous; and on the day after this the urine had completely resumed a natural character.

My patient informed me that during the last year or two he had frequently suffered from similar attacks; that he had been under different medical men, and had taken quinine and various other remedies for his complaint. It had been ascertained that there was no stone in his bladder; and it was not exercise but exposure to cold that brought on his attacks. He was comparatively free from them in the summer. There was no periodicity about their recurrence of the character belonging to ague; and he had never, as far as he knew, been the subject of that complaint. Riding or driving on a cold day, if his feet got cold, sufficed to bring them on; and on this account he had been obliged to give up riding with the harriers, a sport he had been hitherto frequently accustomed to join in. Going out of doors and standing for a few minutes in the cold air, although well clad, had been sufficient to bring on an attack. If he could only keep his hands and feet warm, he told me, he felt safe; but as soon as these parts got cold he was almost sure to have an attack. His countenance was somewhat sallow, and he had been losing strength and flesh.

With this history, I prescribed a tonic and some extract of belladonna, and urged him to wear fur gloves and over-boots when he went out of doors in the cold. Adopting this plan, he passed through the remainder of the winter of 1864-5 almost free from attacks, and improved in health and strength. If such had not taken place, I had determined to advise him to change his residence during the winter to a warmer climate; but this was, if possible, to be avoided, as it would have involved with him a considerable pecuniary sacrifice.

During the past winter he has got about much more freely, and in the early part of it was almost free from attacks. In the latter part of it, however, he had been less careful of himself, and had suffered accordingly. Sometimes he has averted an attack by going indoors directly he felt it coming on, sitting in front of a fire, and drinking something warm. In April last he wrote to me as follows:—

“My last attack was brought on by riding in the cold, although I did not feel it but very little until I got to the end of my journey, was sitting in a warm room, and had a slight shivering. Had a glass of hot sherry-and-water, and in about ten minutes I wanted to make water. Did so, and it was the colour of porter. In about ten minutes again, the same irritation as before, and made about a wineglass of water, more blood colour, and the same in about another quarter of an hour. Then I became very warm and feverish, and I did not make water again for more than two hours; when I did so it was quite clear. On Tuesday morning last, when I got up at half-past eight, I washed in cold water, and sat down to breakfast. My feet turned cold, and I felt a little queer, so I turned to the fire, and drank a cup of hot tea, and got warm. When I made water about two hours after, it was the colour of dark ale, not quite so dark as porter. I always use myself to wash in warm water. I still have the cough when attacked, and until the perspiration comes on it does not leave me. After this I feel faint, and sometimes almost faint off. I always feel cold at the chest before passing blood.”

The other case is that of a gentleman, rather beyond the middle period of life, who was brought to me by Mr. Acton in December last. The urine passed by the patient at my house was natural in colour, and free from albumen; but I was informed that it was occasionally for one or two micturitions highly charged with blood. Mr. Acton had several times seen it in this state. The history disclosed the same connexion between the attack of hæmaturia and exposure to cold which existed in my other patient, and I expressed the opinion that I considered it to be a perfectly parallel case.

In the “Medico-Chirurgical Transactions” for 1865 cases are recorded by Dr. Harley and Dr. Dickinson of intermittent hæmaturia. Rayer, in his “Maladies des Reins,” speaks of intermittent hæmaturia, and refers to reports of two cases that were cured by the administration of quinine. Dr. Harley says, in reference to one of his cases, that the patient replied, when asked what was the matter with him, “I can’t tell you; but each time I get cold hands or cold feet, I pass bloody urine, while my urine at other times is perfectly healthy.” This patient was a Londoner, and had never suffered from ague. Dr. Harley’s other patient was the subject of malarial poisoning, and had been obliged to return from the West Indies in consequence of repeated attacks of intermittent fever. Dr. Dickinson gives the particulars of a case under Dr. Fuller’s care in St. George’s Hospital. The patient had twenty years previously been the subject of a tertian ague, but had completely recovered from this, and remained in good health till 1859, when he began to suffer from attacks of hæmaturia, coming on after exposure to cold. He had been frequently an inmate of St. George’s Hospital, and was still suffering from the complaint. Within an hour or so after exposure to cold he would have an inclination to pass water, and would void a considerable quantity of black turbid urine, like porter. The urine would retain this character for two or three times of passing, and then resume its natural appearance. Between the attacks the urine was devoid of albumen, and natural. Dr. Dickinson also gives notes of two cases, which had been furnished to him by Dr. George Johnson. In both of these there was no history of ague, and the attacks occurred only after taking a chill. The urine at other times was normal. A fourth case is mentioned, the report of which was furnished to Dr. Dickinson by Dr. Frederick Cock, of Westbourne-park-terrace. In this, however, the attacks were of longer duration and less frequent recurrence. After suffering for two or three days from a “severe cold,” the urine of the patient would assume a dark colour, like porter, and become highly albuminous. This dark colour afterwards diminished, until in a fortnight or three weeks it had disappeared. The albumen diminished simultaneously, and in its turn passed completely away.

The cases narrated by Rayer seem evidently to have been cases of intermittent fever, accompanied with hæmaturia as one of the concomitants, arising, it may be considered, from the congestion to which internal organs are submitted during the occurrence of the paroxysm. It is stated by Dr. Parkes that albumen is found in the urine during the fit in a considerable number of cases of ague; in one-tenth according to Finger; in one-fourth according to Martin Solon. Blood (he further says) in some quantity, and renal cylinders, are seen about as frequently as albumen, and occasionally chronic Bright’s disease is a consequence of ague.

The cases, however, to which this communication is intended to refer are cases of altogether a different description. There is no evidence that the paroxysms depend upon the exist-

ence of any blood poison. There is no regularity in their recurrence. They are brought on by exposure to cold, and exposure to cold only. When the hands or feet get chilled, the patient is seized with shivering, has a general feeling of discomfort, and begins to pass immediately urine more or less dark-coloured from the presence of blood. It may be assumed that there is no organic disease of the kidney, as the urine, except during the attack, is healthy. An alteration in the quality of the blood, or in the state of the bloodvessels, must constitute the immediate precursor of the escape of blood from the kidney. The rapidity with which the effect upon the urine follows the exposure to cold scarcely leaves grounds for supposing that an altered condition of the blood could be set up to occasion it. We have only, therefore, an altered condition of the bloodvessels to fall back upon, and physiology teaches us how rapidly and readily impressions may act through the nervous system, and modify the circulation and nutrition of a part. It is a matter also of the most common observation to witness exposure to cold producing a modification of the circulation in some locality or another. And dispositions of different individuals vary; so that in one the impression of cold, through getting damp feet, for example, shall be followed by a coryza; in another, by bronchitis; in another, by pleurisy, or, may be, an inflammation of the lungs; in another, peritonitis; in another, inflammation of the kidney; and so on. There are varying degrees of susceptibility appertaining to different parts to be impressed by exposure to cold in different individuals. In the affection that is being commented upon, it may be considered that an unusual susceptibility of the kidney to temporary congestion from exposure to cold happens to exist. The effect, it may be further considered, is determined by the impression resulting from the exposure acting through the spinal and sympathetic systems on the muscular coat of the bloodvessels. Taking this view, the principle I acted upon in treatment was, first of all, by suitable coverings or clothing, to diminish the risk of the patient getting chilled, and next to fortify the system by tonics, and render it less impressionable by a narcotic.

Grosvenor-street, July, 1866.

ANEURISM OF THE FEMORAL ARTERY IN HUNTER'S CANAL TREATED BY COMPRESSION.

RECOVERY.

By ASSISTANT-SURGEON LAURENCE,
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PRIVATE J. P.—, aged thirty, a strong, muscular-looking soldier, but of irregular habits, and who has been in hospital frequently with syphilis, was admitted April 4th with pain and stiffness of the right knee-joint. He stated that he first felt uneasiness in the part about a week before admission, and this was followed in two or three days by swelling. The symptoms at the time appeared to be those of articular rheumatism, which, to some extent, subsided under treatment.

On the morning of the 10th my attention was directed to an enlargement on the inner side of the thigh, about the junction of the middle with the lower third, and on examination forcible pulsation of a distensile and expanding character was detected in the upper part of the swelling. The patient complained of little or no pain, and the foot and leg were natural in temperature and appearance. He could give no clear account of the origin of the disease, but thinks it not improbable that he might have strained himself in the gymnasium. Aneurism of the femoral artery in Hunter's canal being diagnosed, compression was at once resorted to. A piece of cork, the shape of an ordinary tourniquet pad, was adapted to the broad end of a seven-pound weight, and was applied to the femoral artery as it passed over the pubes. Pressure by means of the double aneurismal compress was tried on three different occasions, but each time had to be discontinued as it caused him too much pain. Digital pressure, varied by that of the weight, was steadily kept up for several days without any apparent beneficial result, but on the morning of the 26th, on careful examination, no pulsation could be detected. According to the patient's statement it ceased suddenly about three o'clock on the previous day; his attention at the time was called to it as he felt an increased action in the artery

above the spot where the pressure was being made, and on placing his hand on the aneurism he found the beating had entirely ceased. From the 26th up to the present time there has been no return of the pulsation; the tumour has rapidly decreased in size, and is now flat and indistinct.

Remarks.—This case offers some points of interest. The situation of the aneurism being so unusual certainly led one at first to a wrong conclusion, which, perhaps, might have been obviated on a more careful examination. At what time the aneurism might have been detected it is difficult to say, but that it was of rapid formation and quickly enlarged is certain; and for these reasons, as well as the inability of the patient to bear pressure with tourniquets, the case was anything but a promising one, and for days fears were entertained that compression would not be successful. It is of some interest that the man knew when the pulsation in the aneurism had ceased. It stopped suddenly, as if a clot had been detached and thus blocked up the canal that remained open—for previously to this the tumour pulsated strongly,—and thus militates against the idea that it was by gradual deposit of fibrin that the final closure was made. As the statistics of cure of aneurism by compression are somewhat meagre, I may refer to a case of popliteal aneurism I had under my care in 1861, in which pressure was effectual, the aneurism being perfectly cured; unfortunately, however, the soldier died subsequently of aneurism of the superior mesenteric artery.

June, 1866.

ON A CASE OF INTENTIONAL POISONING BY TINCTURE OF ACONITE; RECOVERY.

By JAMES EASTON, L.R.C.P. EDIN., &c.

As poisoning by tincture of aconite is of rare occurrence, and as few recover after having taken a large quantity of the more concentrated form of the drug, I deem the particulars of the following case worthy of being recorded in THE LANCET.

M. W.—, a servant girl, seventeen years of age, and about five months gone in pregnancy, at nine o'clock A.M. on the 4th of May last, swallowed, with the intention of destroying her life, about three drachms of "Fleming's tincture of aconite"—the contents of a half-ounce phial which was being administered to cattle in twelve-drop doses three times daily. The girl stated that very soon after having taken the drops she went to a hay-loft and concealed herself for about half an hour, when, becoming alarmed at feeling very severe pains shooting through her head, peculiar tingling sensations throughout her whole body, her arms and limbs also becoming benumbed, a choking sensation and lightness in her head, with partial loss of sight, she went and told her mistress what she had done, who at once administered to her copious draughts of sweet milk (a universal remedy amongst farmers in all cases of poisoning). The girl immediately after this walked, but with a very unsteady gait, to a friend's house about half a mile distant. She was put to bed directly, and very soon afterwards became restless and delirious.

At this stage my attendance was urgently requested; but being at the time about six miles distant, it was nearly eleven o'clock when I arrived. I found her in bed lying on her back, with her limbs much drawn up. Her bedclothes and night-dress were bespattered with mustard and water, which, her attendant said, had been given to her for the purpose of causing vomiting, but which she would not, or, more correctly, could not, swallow. She was conscious; her features were pinched; a dark ring round her eyes; pupils slightly contracted; skin covered with a cold clammy perspiration; breathing hurried and short; pulse 45, and scarcely perceptible at the wrist; and at intervals she suffered from peculiar choking paroxysms.

As every effort on the part of her attendants to make her vomit failed, I at once administered a full emetic of sulphate of zinc, followed by copious draughts of tepid water, which she drank with considerable difficulty. In about five minutes the emetic began to act, the tepid water meantime being repeated at short intervals. From the large quantity of the ejections the patient must have partaken of a hearty breakfast. Small quantities of diffusible stimulants were now given and repeated at short intervals. Fomentations of mustard and hot water were applied over the heart; warm bread poultices