said not until I had tied every artery in his arm. My hope lay in improving the condition of his blood, and in this I think I may say I succeeded. Without such success, amputation itself, however plausible, must have led to certain death.

Grosvenor-street, June, 1855.

CASES OF NEURALGIA.

WITH OBSERVATIONS.

By C. HANDFIELD JONES, M.D., F.R.S.

THE very great prevalence of aguish and neuralgic affections at the present time inclines me to think that short records of some of the cases which have fallen under my own observation may not be without interest.

CASE 1.—M. C—, female, single, servant, aged twenty-five, much engaged in washing, of healthy, rather florid aspect, for a month has had pain of the right hand, affecting all the parts supplied by the median nerve. The pain is easier when the hand is used, is worse when she is still, and at night; no sleep; there is a feeling of numbness, as well as pain; tongue moist, clean; urine clear; bowels open. She never had gout or rheumatism; no members of her family have had gout, but a sister suffers in the same way as herself. A variety of remedies were at first tried, without benefit, such as iodide of potassium in smaller and larger doses; afterwards nervines, with carbonate of iron; then sulphate of quinine, two grains, with sulphate of iron, four grains, and electro-magnetism to the part. Some benefit was produced by seven minims of liquor arsenicalis, three times a day. There was less pain, but the fingers were very cold, numb, and powerless.

A month had now elapsed, when, on the 7th of March, I began to give her quinine, in five-grain doses, three times a day.

March 10th.—Improved; sleeping better; had not near so much pain.

14th.—More pain in the hand, extending up to the elbow, the last two days. I increased the dose to ten grains.

17th.—Hand much better; much more free from pain.

24th.—Hand in no pain at all, only numb. I then gave her fifteen grains twice a day, desiring her to take it three times a day, if she did not get well.

April 7th.—Hand quite well for a week; has done her work; health better. Discharged.

This case illustrates well the beneficial effect of large doses of quinine.

CASE 2.—H. O—, aged fifty-four, female, married; admitted May 25th, 1854. She has symptoms of catarrh, but states, also, that for a long time her hands and fingers have felt numb and sleepy at times, and have been in violent pain at night. After the catarrh had been cured, I gave her quinine, two grains, with four grains of sulphate of iron, in a mixture, three times a day.

Ten days after this, she considered herself well enough to be discharged, having still, however, slight numbing sensations, attended with some stiffness in the fingers of the right hand, affecting the ends mostly, as far up as the second joint.

In this case, small doses of quinine and iron were adequate to effect a nearly complete cure.

CASE 3.—C. B—, female, middle age; not anæmic; digestion weak; skin cool; pulse rather weak; bowels torpid; tongue clean; aspect healthy. Complains that when she gets into bed at night the fingers of both hands "go dead," those supplied by the ulnar nerve being first affected. The forearm seems to suffer in the same way. The numbness or pain does not come on till she has been asleep; it awakes her, and continues more or less all night. It is not felt during the day.

March 8th.—To have two grains and a half of disulphate of quinine; tincture of muriate of iron, fifteen minims; spirits of chloric ether, fifteen minims; water, one ounce, three times a day.

23rd.—Health better, and suffers less with her hands; is not awoken now at night, but has cold shivering feelings at this time. Quinine increased to four grains.

April 2nd.—Better in herself, and her appetite has improved. The attacks now come on towards morning, awake her about five or six, A.M., and last about half an hour. After the attack has passed off the hands and forearms feel painful, not numb, the little and ring fingers being most affected. The attacks are much more prone to come on if she lies on either side. Skin quite warm. Looks the picture of health. Has chilly sensations now and then.

9th.—Has the attacks still, but not so violent or so often; the pain remains in the hands and arms afterwards: they occur at the same time every morning. The region supplied by the ulnar nerve is now alone affected. She is easily fatigued by exertion.

16th.—The patient is very much better, almost well; has only slight remains of the neuralgia in the ulnar nerve region of the right hand; is not disturbed at night; has no cold shivering sensations. The weather changed from cold east to warm west wind. Not having seen the patient since, I conclude that she has recovered, as she was to call again if necessary. The quinine was clearly the principal agent in the cure, and it would no doubt have shortened the duration of the treatment had I given larger doses at the first. The periodicity of the attacks is worthy of remark, and the presence of shivering sensations, both of which circumstances indicate an affinity with ague. As the disorder declined, it confined itself more particularly to the ulnar nerve, which was the first to be affected in the paroxysms. This seems to me to indicate rather a peripheral than a centric affection.

CASE 4.—M. J—, aged twenty-nine, female, married; tall, healthy-looking, but rather pale. Has been ill one month; suffers from pain in the hand and forearm, not extending above the elbow, severe at night, but only as a numb sensation in the day. All the fingers are affected. She is four months advanced in pregnancy. Is occasionally engaged in washing.

Jan. 23rd.—To take five grains of disulphate of quinine three times a day. No improvement having been produced at the end of a week, I doubled the dose. The next week she reported herself better; the fingers were affected, but not the forearm. The next time I saw her, as she was not improving, I gave her, for a week, liquor of chloride of arsenic, five minims three times a day, and after three days conjoined with it saccharized carbonate of iron, one scruple three times a day. This plan gave no promise of benefit.

On Feb. 20th, she was not better; the pulse was very weak; she had no sleep after the pain came on at night. I then gave two grains of disulphate of quinine with four grains of sulphate of iron, in a mixture, three times a day; and a pill of one-third of grain of acetate of morphia and four grains of extract of henbane, at bed-time.

Feb. 27th.—She reported that her fingers were much better; she had slept better and was stronger.

March 6th.—Has continued to improve; sleeps well; fingers feel numb; no pain at night; bowels open.

13th.—Is well; has no uneasy sensation in her fingers.

In this case, quinine and iron in combination were more effectual than large doses of quinine, or arsenic, or carbonate of iron. The expense of large doses of quinine is so considerable, that with hospital cases I generally try the combination of the sulphates mentioned above, or a similar one of the citrates, and in a good many cases it has answered very well. The sedative at night I believe to be decidedly useful in cases of this kind.

CASE 5.—E. E—, aged fifty-six, female, married; admitted on the 4th of September. She complains of pain in the right forearm, extending from the fingers up to the elbow, commencing in the mid-finger, of more burning character at night, not disturbing her rest, but very severe in the morning, when she cannot move her hand to open or close it. The fingers are often burning when she touches or holds anything; at other times numb. Foot somewhat similarly affected. Urine free, clear; pulse of good force; skin warm; is in tolerable health. Ordered, two grains of sulphate of quinine, four grains of sulphate of iron, and an ounce of water, three times a day. Five grains of colocynth pill with blue-pill, every other night.

Sept. 14th.—Her fingers have lost the heat, but are numb; she cannot close them; attempting to use a needle makes them numb.

21st.—Less numbness, but feels pain up the arm into the axilla if she tries to lay hold of a needle.

28th.—Improving. To take three grains of quinine, three times a day.

Oct. 5th.—Not so well; all the fingers "go dead." To have four grains of quinine, three times a day.

12th.—Somewhat better; suffering from want of sufficient food. Continue quinine, and to take half an ounce of cod-liver oil three times a day.

19th.—Better diet; neuralgia not improved; is drowsy. To take ten grains of quinine, three times a day; continue oil.

26th.—Not better. Ordered, a scruple of carbonate of iron, three times a day; an ounce of decoction of bark, a scruple of muriate of ammonia, and three grains of carbonate of ammonia, three times a day.

Nov. 2nd.—No improvement; she is not able to hold a needle or paper-cutter without having pain in the wrist and up the forearm, in the course of the ulnar nerve; bowels costive; straining at stool causes sensation of pins and needles in the arm. Continue carbonate of iron. Strychnia, one grain; compound extract of colocynth, a drachm: divide in twelve pills: one every night at bed-time. Apply a liniment of ammonia and turpentine to the affected part.

9th.—She is much better since she was electro-magnetized two days ago; bowels open regularly; she can hold a needle better; it does not slip from her fingers now.

16th.—The neuralgia returns occasionally. A second electro-magnetization was rather injurious.

23rd.—Fingers a considerable deal better; can use a thimble now, which she has not done for two months; no pain up to the elbow; she cannot close her hand in the morning until she has put it in warm water; when she closes it, she says it snaps in the situation of a small swelling over the flexor tendons, just before they pass under the anterior carpal arch; after the snap, the fingers feel numb for one or two minutes; bowels open; health very good. A blister to the swollen part.

30th.—The blister appears to have done some good, though she says the hand was dreadfully swollen the next day, and it is still stiff in the morning, so that she cannot close it. The hand was bad yesterday; she could not work with it, but can to-day; she is able to do needlework now; the swelling at the wrist is much diminished; the hand is a considerable deal stronger than last week. Continue iron and pills. An ounce of decoction of bark, and two grains of iodide of potassium, three times a day.

Dec. 11th.—Wishes to be discharged, being considerably better.

This case was very similar to the preceding, but in the latter part of its course was associated with some (apparently) rheumatic phenomena. I have repeatedly observed that neuralgic disorders have more or less of rheumatic element in their constitution, so that they may require a direct anti-rheumatic treatment at their outset, and afterwards one more suited to pure neuralgia. In the foregoing case, carbonate of iron was the remedy that effected most; quinine was of little avail. So much improvement had taken place before the blister was applied, that I cannot attribute a great deal to its action. I rather look on the effusion in the sheaths of the flexor tendons as an interlude, than as a necessary part of the pathological process. There was not the same nocturnal aggravation in this case as in the others. The increase of the pain in using the fingers in holding any small object was remarkable; it probably was occasioned by the increase of pressure on the hyperæsthetic nerves. I do not think there was any notable anæmia in this last case; I am pretty sure that I did not give the iron on that account.

These five cases afford examples of the uncertainty of action of remedies in neuralgia. This uncertainty, I believe, is not attributable, by any means, entirely to want of diagnostic skill. I do not find that we have any indications to point out in what cases large doses of quinine, or quinine and iron, or arsenic, or carbonate of iron, are to be preferred. I do not think this should surprise us; systems that are to all appearance exactly alike, react very differently on the application of what we may call therapeutic tests. Romberg remarks, that "neuralgia occurs less frequently in the brachial than in the crural plexus." This certainly does not accord with my experience during the last three years; I have much more often met with it in the demesne of the former than of the latter. He has "not been able to discover any fixed type" in this form of neuralgia. In four of the above cases nocturnal exacerbation was very marked. He thinks it is "less frequently isolated than sciatica or tic douloureux, and that it occurs more often in combination with other affections of an allied or different nature." In my cases, the disorder has been remarkably localized, sometimes confining itself to a single nerve. All my cases (above recorded) were of the female sex, which accords with his observation. He makes no mention of internal remedies, but speaks of the benefit derivable from permanent or flying blisters, and, in his own cases, (where the affection was purely neuralgic,) by the use of the warm baths and douches of Wiesbaden and Aix-la-Chapelle.

CASE 6.—Jane M.—, aged forty-eight, married; admitted on May 15th. She has been ill three months; has pain in the centre of the right palm, extending up the arm over the shoulder to the back-bone; it is constant, and gets worse; it is increased at night. The hand is numb, except the fingers and thumb; there is much burning sensation in it. She gets no

sleep at night; tongue clean; pulse weak; has hæmorrhoids, which bleed much. Ordered, two grains of quinine; four grains of sulphate of iron; ten minims of tincture of nuxvomica, three times a day; one-third of a grain of muriate of morphia, every night. She improved immediately, and was almost well by the middle of June, although the nuxvomica had to be omitted on the 1st of June, on account of its making her sick; and she had some relapse of the neuralgic pain at the same time. The morphia did not confine the bowels.

The peculiar features of this case are the exemption of the fingers from the disorder, and the way in which the pain extended itself upwards. The description which was given to me seems to imply that the painful sensation moved upwards like an aura epileptica. If this were so, it is certain (unless it were of centric origin) that the morbid action must have spread gradually from different sets of nervous filaments to others, and not, as it is sometimes said, have been propagated along the nerve in the central direction. This idea, which even Dr. Watson does not reject, seems quite in opposition to the recognised law of "eccentric phenomena," as it is termed by Romberg.

(To be concluded.)

CLINICAL OBSERVATIONS ON SOME FORMS OF URINARY DISEASE.

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No. I. PRACTICAL REMARKS ON THE TREATMENT OF RETENTION OF URINE.

THERE are few lesions of greater importance, or which require in their treatment a greater exercise of skill, decision, and judgment, than those in which the patient presents, as the most urgent and manifest symptom, a complete or almost complete inability to pass his urine. There are probably very few conditions which man is liable to endure associated with greater physical suffering than that of unrelieved urinary retention; perhaps there are none in which relief is more welcomed by the patient or more gratefully acknowledged—more complete in its accomplishment, or more happy in its immediate results. On the other hand, although one of the least brilliant amongst the operations of surgery, and possessing none of those attractions for the bystander which a dexterous manipulation of the knife invariably presents, there is no more difficult achievement than the successful accomplishment of catheterism of the urethra when more than ordinary obstructions oppose it; and there is none a facility in the execution of which is more truly enviable, or more deserving of a patient and diligent practice for the purpose of attaining. It was no lightly-uttered sentiment, no unmeaning form of speech, but a deep conviction based on large experience, which manifested itself in the well-known words of Liston, (well-known because so true):—"The operation of introducing a catheter through what has been called an impermeable stricture is, without doubt, the most difficult in the whole range of surgical operations, and demands all the prudence, science, and skill of a master."* What weight does such an utterance possess, when falling from one in whose hands the knife was invariably wielded with unsurpassed brilliancy and skill!

It will be my object in this paper to offer a few remarks upon some forms of urinary retention, and by no means to enter upon the subject as a whole, which I have elsewhere discussed at considerable length; and these will be simply the result of clinical observations arising out of certain cases which have recently come before me in practice in various ways, but more especially in that extended field for the study of urinary disease in its varied forms which is presented at the Marylebone Infirmary.

It is necessary at the outset to explain that these few remarks will apply only to conditions of *urgent retention*; not to those cases so commonly met with, in which there is an inability on the part of the bladder, arising either from paralysis or thickening of the coats, to evacuate its contents, and where a degree of chronic retention therefore is constantly present. These latter would furnish materials for consideration at great length, and form indeed a class of affections possessing extreme interest, and affording a field of inquiry replete with promise