

cases. M. Guéneau de Mussy says this result is more frequent when the left pneumogastric nerve is pressed upon. He sees a connection between the troublesome vomiting which occurs in some cases of tubercular disease of the lungs with like pressure on nerves. The puffiness of the face and eyes noticed in these cases is due to the pressure on the venous trunks, a condition which also accounts, not only for hæmoptysis, but for bleeding from the nose, occasionally present. Copious and sometimes persistent hæmoptysis has been traced to the perforation of a vessel (ulceration in connection with disease of the glands).

Physical examination is of great importance in confirming the diagnosis that may be suggested by the presence of the symptoms just described. The following were the physical signs elicited in the fifty-nine cases referred to.

1. *Dulness* was present in forty-seven cases. It was found between the margin of the scapula and the spinal column at one or both sides, on a level with the fourth and fifth dorsal vertebra. It varied in degree, was more readily manifested when the muscles of the back were made tense by folding the arms across the chest, and was often strikingly distinct when one side was contrasted with the other. Dulness was present in front in eight cases (whether coincidentally with dulness at the back or not is not clearly stated), beneath the top of the sternum and at each side below the sterno-clavicular junction. The dulness here was best elicited by the patient holding the head backwards whilst percussion was being made.

2. *Flattening* of the affected side in front was mentioned in three cases. *Diminished mobility* of the affected side, independently of flattening, was recorded in four cases. *Prominence* in front was not recorded in any case, though, no doubt, it may occur.

3. *The respiratory sounds* were variously modified. *Marked tubular breathing* was recorded as being present over the seat of disease in fourteen cases. In ten, the expiratory murmur was described as being *very loud*, various modifications of the inspiratory murmur being found at the same time. *Feebleness* of the respiratory murmur as a whole was noticed in fourteen cases. In some, this deficiency extended over the whole lung; in others it existed over the upper or lower portion of a lung, behind or in front. The observations made on the voice by the writer were few, but M. Guéneau de Mussy and M. Lereboullet speak of a peculiar and increased reverberation of both the voice and the cough. Dr. Eustace Smith has described a venous hum, heard at the root of the neck when the head is thrown back, caused by the pressure of the enlarged glands on the venous trunks in children.

The symptoms and signs above described will generally suffice for the *diagnosis* of diseases of the bronchial glands. It is, of course, necessary always to remember that, in the present and all similar instances, means have to be taken for excluding diseases which may produce like phenomena. Thus we may find cough, pain, tenderness on pressure, and aphonia, in a case of hysteria, without any evident structural disease. On the other hand, a small tumour, say a small aneurism, may produce all the signs of pressure which are above given as the signs of bronchial gland enlargement. It is the duty of the physician to recognise these differences and distinctions by tracing the effects to their sources.

The prognosis will in this, as in similar instances, so entirely depend on the nature of the disease, on its amount and its condition, on its relation to and effects on surrounding organs and textures, that each case must be regarded independently. It would be impossible to discuss them fully here—all that can be said is that simple enlargements generally yield to treatment, and within a reasonable period.

In several cases of bronchial gland enlargement, *treatment* has proved very effective. Such cases would seem to be those of simple chronic enlargement. Many such have yielded to the use of iodide of iron in the form of pills or syrup, and to the external application of a solution of iodine, composed of equal parts of the tincture and the liniment of iodine, between the shoulders. The same treatment has likewise proved very effective in cases in which a syphilitic origin for the disease could be traced. Symptoms such as cough, difficulty of breathing, pain as well as dyspnoea, loss of flesh, strength, etc., will all require more or less suitable treatment. The cough and difficulty of breathing may in some cases be relieved by simple expectorants or antispasmodics. A useful application, when pain is a prominent symptom, is an embrocation composed of equal parts of chloroform, belladonna liniment, laudanum, and spirits of camphor. A couple of drachms of this composition sprinkled on the surface of piline, and applied on the painful part for a few minutes, often affords relief. Hypodermic injection of morphia may be required when pain is very severe. Under all circumstances, it is necessary to improve the general health by wholesome diet, pure air, and those other conditions which promote good digestion and elimination from the excreting organs.

EXCISION OF A FIBRO-CYSTIC UTERINE TUMOUR.

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In a lecture delivered at the Royal College of Surgeons, on the 21st of last June, and published in the BRITISH MEDICAL JOURNAL, July 27th, 1878, I gave particulars of twenty-four cases in which I had removed uterine tumours through an incised opening in the abdominal wall. Of these, twenty were solid tumours and only four fibro-cystic. Since that lecture was published, I have removed another fibro-cystic tumour, and the case is interesting both in relation to diagnosis and treatment.

On July 24th, 1878, Mr. Cowan of Bath wrote to ask me to see a lady who was leaving for London that day, in order to consult me by his desire and that of Dr. Swayne of Clifton. The next day, I saw this lady, thirty-nine years of age, suffering considerable abdominal pain and difficulty of breathing after her journey. I found that she had been married four years, and had not been pregnant. The catamenia were regular, and a period was due. She was suffering so much that I did not make a complete examination; and the next day, the suffering was so great that I tapped a large cyst, felt between the umbilicus and the sternum, and removed nineteen pints of dark fluid, with which (as the cyst became empty) a little blood was mixed. A large semisolid tumour, reaching a little above the umbilical level, was then felt, and a harder portion was found in the right iliac fossa, which, by combined external and internal examination and the use of the sound, was ascertained to be the uterus, high up and to the right, closely connected with the lower portion of the tumour, but apparently separate the one from the other.

Mr. Cowan informed me that the illness commenced in the summer of 1876, in Italy, whither the patient had gone to recruit after great mental strain. The first symptoms were dull pain in the left iliac region, with a sense of fullness, pain on pressure, and constipation, followed by a steady increase in size till February 1877, when he (Mr. Cowan) found "fluctuation in the left iliac region, and a solid tumour passing down into the pelvis anterior to the uterus". There was steady but slow increase until October 1877, when sudden painful swelling of the left leg set in, with acute pain in the left groin. After a fortnight, this subsided, but the cyst increased more rapidly, and a solid mass was found to the right of the median line in the umbilical region. Dyspnoea and general distress increased, and walking became difficult.

My diagnosis was a multilocular ovarian cyst, displacing the uterus upwards and to the right. This was confirmed by an examination by Mr. Thornton of the fluid removed by tapping, who reported it as "not differing in any way from ordinary ovarian fluid, except the blood, which is fresh, and probably from some accidental wound of a vessel. Now the blood has settled, it looks like the ordinary 'linseed-tea' fluid, and the tests and microscope confirm its ovarian characters."

Great relief followed the tapping. The catamenia came on, and ceased on August 1st. But the fluid began to collect again, and some interference with respiration became an increasing trouble. Dr. Day examined the chest on August 10th, and found some dulness on the lower part of the left lung, which he attributed to pressure. We, therefore, decided on removal of the tumour.

I performed the operation on August 12th, under spray and with strict antiseptic precautions, assisted by Dr. Bantock, Dr. Woodham Webb, and Mr. Cowan of Bath, Dr. Day administering methylene. By an incision, five inches long, in the median line between the umbilicus and symphysis pubis, a very thin cyst was exposed. It was bluish in appearance, like the peritoneum. On tapping it, reddish serum escaped. Extensive adhesions to the abdominal wall above, and to the intestines behind and to the left, were separated, and the empty cyst was drawn out with a mass of solid substance at its base. I then found that both ovaries were healthy; that the uterus was about twice the normal size, irregularly nodulated and hardened; and the tumour was an outgrowth from the back part of the fundus. The connecting medium or pedicle was fully an inch in length, and about two inches in breadth and one in thickness. I secured this in a large clamp and divided the attachment. Then I had to dissect off the back part of the tumour from the sigmoid flexure of the colon and from the rectum, with scissors. In doing this, I accidentally made an opening into the upper part of the rectum, about an inch long, but sewed it up immediately with an uninterrupted suture, carefully sponged out the peritoneal and pelvic cavities, secured several bleeding vessels in parts where adhesions

had been separated, and closed the wound by silk sutures around the clamp, which lay at the lower angle of the closed wound.

Dr. Woodham Webb examined the tumour, and reported as follows: "Weight of solid, two pounds and a quarter; fluid contents, fourteen pints. The tumour was an outgrowth from the upper and back part of the uterus, about seven inches long, four broad at its widest part, and at one point two inches thick. It was of a flattened lozenge-shape, and consisted of uterine tissue very slightly changed in appearance. It was surrounded by three large cysts, which had developed on its surface, two of about equal size and one not more than half that of the others—the three having contained fourteen pints of a red serous fluid. The walls of the three cysts were thin, with a fine layer of muscular tissue, spread out in irregular bundles between the two serous membranes—the peritoneum and the cyst lining. Inside the cysts, on the solid mass, were several echymosed spots, the lining membrane being detached and giving rise to small secondary cysts. There were a few nodules of fibrous tissue in various parts of the cyst-walls."

The progress after operation was one of uninterrupted recovery. The highest temperature was 100.2 deg.; the most rapid pulse, 108. The clamp came off on the eighth day. The wound above the clamp healed by first intention. Thymol gauze was the only dressing used.

Writing to me, December 5th, 1878, the patient says: "I am wonderfully well, and am getting back my walking powers. I have not felt so well nor in such spirits for years past."

I cannot conclude the narration of this case without expressing my deep regret at the great loss which our profession has sustained in the death of an American brother, whose good work, especially in the diagnosis and treatment of uterine and ovarian tumours, will immortalise the name of WASHINGTON ATLEE of Philadelphia.

When I visited America in 1867, Atlee received me with the most friendly cordiality. He honoured me by attending a clinical demonstration which I gave in Professor Gross's clinical theatre. I assisted him to perform ovariectomy on one patient in Philadelphia and another in New York; and he and I both assisted his elder brother, John Atlee, in an ovariectomy at Lancaster in Pennsylvania. We have had an occasional friendly discussion in print and by letter; have compared notes as we have followed up similar lines of inquiry and practice, in which he (my senior by ten years in age and twelve years as an ovariectomist), while not unwilling to criticise, was always ready to sympathise and encourage. He had performed ovariectomy on nearly four hundred women. His life and labours are well worthy of careful inquiry and historical record. This will doubtless be given us in due course; but I cannot allow the present time to pass without this public expression of heartfelt regret at the loss of a great surgeon and a kindly honourable man.

THE EFFECTS OF ATTENTION ON THE BODILY ORGANS.

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ONE of the wisest of Sir Henry Holland's thoughtful *Chapters on Mental Physiology* is entitled "Effects of Attention on Bodily Organs", a subject far too little studied, of which it seems to me that a clear conception, based on a large historical experience, affords the *rationale* of an immense number of abnormal phenomena that at first sight appear to have but little in common; and I am induced to bring it forward at the present time, by finding that, alike in the recent clinical observations of Professor Charcot on the effects of Magnets, and in the report of them by Professor Gamgee, this very potent source of error is almost entirely ignored.

The best preparation for a right understanding of these phenomena I find in a careful study of the succession of epidemics—from the Dancing Mania of the middle ages, to the Mesmeric outburst in Paris, just before the French Revolution—which, whilst extremely diverse in their symptoms, are all traceable to that morbid excitability of the nervous system, which is the special characteristic of what we are accustomed to call the hysterical temperament, though by no means limited to the female sex. A great body of information respecting these is contained in Dr. Babington's excellent translation of Hecker's history of the Dancing Mania, with additional notes and an appendix of his own.*

These strange visitations are, however, only exaggerated forms of

what is continually presenting itself in individual cases to the ordinary medical practitioner. Nothing is more common than a morbid intensification of some local pain, under the influence of the *attention* given to it by the patient; especially when this is kept alive by the kindly sympathy of those around her, under the mistaken idea (not unfrequently shared in former times by the doctor himself) that the pain is indicative of serious local mischief. It happened to me in early life to have under my care a young lady affected with the most aggravated forms of "hysterical" convulsive disorder*—tetanic and epileptic—who had been, some time before, kept in the recumbent position for two years, with a couple of large issues in her back. Wishing to learn all that I could of the history of the case, I sought information from the distinguished provincial surgeon under whose care she had then been, and his reply was very significant: "Well, Dr. C., we treated Miss P. as a 'spine case'; but we don't see so many spine cases now as we used to." Of her state of exalted sensibility during that illness, it was extremely significant that she could so distinctly hear what was said in an ordinary tone in the room below, that her doctor's conversations there with her mother had to be carried on almost in a whisper.—I well remember a pet lady's maid in a family with which I was intimate, who was brought, by the sympathy habitually shown to her most trivial ailments, to such a condition that, as her medical attendant said, "If you only point your finger at any part of her body, she will feel a pain there".—So, again, a young lady who had received a slight "nudge" in her right side, from the elbow of a person who accidentally jostled against her in the street, became the subject of pains radiating from the spot, which seriously alarmed her relatives. These first extended upwards to the muscles of the chest and shoulder, making all movement of her arm so distressing to her, that she entirely ceased to use it; and after a little time, during which she was the object of the most sympathetic attentions, the pains extended to the other arm; her inability to use which made it necessary that she should be fed, dressed and undressed, etc., by others. Being then consulted about her, I felt a strong assurance that her complaint was simply a resultant of the sympathy which had fixed her attention on her own morbid sensations; and contented myself with prescribing a tonic regimen, at the same time impressing on those about her the importance of withholding the kindly aid they had prodigally afforded, which soon produced the desired effect. Now, my intimate knowledge of this patient made me feel sure that there was no simulation, the pains being to her as real as if they had proceeded from some serious disorder; and, for the physician who is consulted about such pains to pooh-pooh them as "fancies", or to stigmatise them as "shams", merely shows that he has not mastered their *rationale*, which, as Sir H. Holland points out, is exactly that of the itching which most of us can bring ourselves to feel in almost any part of the cutaneous surface, by the simple direction of our consciousness to it for a short time.

I may mention, as additional illustrations, a couple of cases which have more recently fallen under my notice. A highly educated and very sensible lady, well known to me, having for many years been a governess in a family in the midland counties on whose regard she had acquired a very strong hold, becoming the subject of severe occasional pains in the hip-joint, was coddled and petted in every possible way. The pains in time became so constant, that she passed her days almost entirely on the sofa, and never went out of doors except in a carriage. She and her friends were strongly under the impression that she was the subject of serious disease of the hip-joint; but she shrank from any surgical examination of it. Month after month passed without any decided change, either for the better or worse; and at last she yielded to my urgent representation that she should come up to town, on the promise that I would get for her a first-rate surgical opinion, in which she might place the most implicit confidence. That opinion was exactly what I expected. She was assured that there was nothing serious the matter; that she was not to mind the pain, but take moderate exercise, and do everything she could for the re-invigoration of her general health; and that in no very long time she would be "all right" again—which soon came to pass.—Again, one of my earliest friends came to town a few years ago for the removal of a scirrhous breast by Sir James Paget. She was domiciled in her brother's house; and her sister-in-law, a lady of most excellent sense, but of a delicate, sensitive temperament, nursed her with the most sympathising care. On going to inquire after my old friend, I was consulted by her sister-in-law about herself. "I have been lately suffering", she said, "from pains in the same part, which made me so seriously uneasy, that I spoke to Paget; and he,

* In my article "Sleep," in the *Cyclopaedia of Anatomy and Physiology*, I gave some curious particulars of the somnambulistic phenomena presented by this patient.

* Hecker's *Epidemics of the Middle Ages*, published by the Sydenham Society.