exceptional and occur rarely. The unduly soft uterus readily bends, and any temporary increase in the degree of the flexion is attended with aggravation of the reflex disturbance—viz, the vomiting. This is a fact with which observation of many cases has made me acquainted. The several factors concerned in the production of this grave disorder may be enumerated as follows:—1. A general enfeeblement of the body, the result of a low condition of the nutritive process in which the uterus participates. 2. The physical weakness and pliability with which the uterus is consequently affected. 3. The flexed condition of the uterus, liable to be intensified by certain movements or positions of the patient. The sickness and vomiting appear to result from the irritation of the uterine nerves consequent on the temporary or permanent compression of the uterine tissues. It is almost certainly relieved, or for the time at all events removed, by measures having for their object the maintenance of the uterus in a normal position and shape. In two of the three cases above related immediate relief was obtained from the treatment. The third is a case in which the condition of the ovary introduces a complication and increases the difficulty.

On the diagnosis of reflex uterine vomiting I may, in conclusion, add a few remarks. There is no doubt that many cases of this affection escape true recognition, the sickness being erroneously attributed to the liver or the stomach being the seat of disease. Many cases of so-called "bilious" vomiting, and not a few supposed of gastric ulcer, turn out on investigation to be cases of uterine vomiting pure and simple. As regards the liver and the stomach, it will be found possible to exclude these organs as causes of the vomiting from the fact that apart from the vomiting there is no other symptom indicative of disease of the organs in question; while, on the other hand, there are generally marked symptoms indicating that the uterine functions are disturbed. One symptom specially indicative of the uterus as the cause of the sickness is the exaggeration of the sickness, which is liable to occur when the patient moves or walks or exercises herself. It must be added also that in cases of reflex uterine vomiting, where the malady has been of long continuance, the stomach itself is liable to become affected. The secreting power of the stomach is enfeebled by the long-continued starvation; and it is no longer capable of producing gastric juice to any amount, which adds another factor to the pathology of such cases. Hence a quasi-paralysis of the gastric mucous membrane; and I have seen cases of this kind in which the extremest care was necessary to prevent a fatal issue, even after the tendency to vomit had been obviated or diminished by appropriate treatment.

CASE OF

LETHARGIC STUPOR, OR "TRANCE,"

EXTENDING CONTINUOUSLY OVER MORE THAN TWENTY-THREE WEEKS, DURING WHICH LIFE WAS PRESERVED MAINLY BY FEEDING WITH THE STOMACH-TUBE.

By W. T. GAIRDNER, M.D., LL.D.,

PROFESSOR OF MEDICINE IN THE UNIVERSITY OF GLASGOW.

Commentary.—The case recorded in THE LANCET of Dec. 22nd, 1883 (p. 1078), has been left up to this point without remarks, other than those obviously suggested by the direct observation of the facts in comparison or contrast with those of other cases coming more or less under the designation above-mentioned. But in perusing, even in the most cursory manner, the multitudinous literature pertaining to the subjects of "trance," "ecstasy," "catalepsy," &c., not to speak of the popular narratives which from a very remote antiquity have handed down the tradition of preternatural sleep as an element in the fairy tales of almost all languages,¹ one is struck by the almost uncontrollable dis-

position to regard such cases as altogether outside the limits of true physiological science; as being, according to the expressive Scotch phrase, "no canny,"—or, in other words, miraculous—and as involving questions connected with the unseen world, "the undiscovered country from whose bourn no traveller returns." So much is this the case, that if in this nineteenth century the questions which presented themselves to Hippocrates in the treatise, *περί λεπής νόσου*, "Concerning the Sacred Disease," had to be rediscussed, it would certainly be as regards some of the disorders mentioned above, and not as to epilepsy in its well-recognised clinical types, that the theory of a supernatural origin of the phenomena, whether favourably entertained or not, would fall to be argued. The irreconcilable differences of opinion in the Belgium Academy as regards the quite modern instance of Louise Lateau are sufficient to show that all the culture and the scientific instincts of the present age have not quite inaugurated the "reign of law," nor established finally the position that "miracles do not happen." On the other hand, the researches of M. Charcot and others seem to be ever extending the domain of science further into the region of the marvellous and the obscure, so that even the most pronounced cases of "demoniac possession" of the olden time have become the common-places of hystero-epilepsy in the clinique of the Salpêtrière. The peculiar interest of the present case is that it is altogether devoid of any of these adventitious, and more or less romantic, incidents. The patient is the mother of a family, and has lived a strictly domestic and (up to a short time before her seizure) healthy and regular life. There are no peculiar moral and religious problems to perplex the situation. There is no history of inveterate hysteria, or of long-continued rapt contemplation; nor has there been the slightest evidence of any craving after notoriety either before the attack or since its termination. The moral atmosphere, in short, surrounding the phenomena is altogether unfavourable to exaggeration and imposture, for which, indeed, no reasonable motive can be assigned. Nevertheless, under these very commonplace conditions, concurring with some degree of melancholy or mental despondency after delivery, but during a convalescence otherwise normal, Mrs. McI— presents to our notice a condition of suspended consciousness and disordered innervation in no degree less extreme than the "trances" or cataleptic attacks which have been recorded as the result of the most aggravated hysteria, or as the miracles of religious ecstasy and profound mental emotion. She becomes for the long period of over 160 days continuously an almost mindless automaton, connected with the external world only through a few insignificant reflexes and through the organic functions. She is fed, almost without resistance, through the stomach-tube; she defecates and urinates (during much the greater part of the time) unconsciously; she is absolutely passive as regards everything that demands spontaneous movement, and betrays almost no sign of sensation, general or special, when subjected to the severest tests that can be applied short of physical injury. But while her senses are thus shut, and her volitions in suspense to an extent much beyond ordinary sleep, there is, nevertheless, a *sleep within the sleep*. The periodicity of day and night is maintained by some change in the condition of the innervation, of which snoring is the sole external indication. She is not convulsed, nor paralysed, nor delirious; the singing, laughing, weeping, adoring ecstasies of hysteria and of religious excitement are wholly wanting; nor are there during many months such intervals of normal consciousness as are observed in almost all the recorded cases of hysterical coma and of catalepsy. The statue-like pose, moreover, and the *flexibilitas cerea* of typical catalepsy are absent in this case. The return to consciousness is followed or accompanied by a return of all the normal functions of mind and body; there is now no incoherence, nor even distorted perceptions, as of a dream-life occupying the somnolent imagination for months, and therefore all the more hard to reconcile with realities. She is self-possessed, but unobtrusive, easily managed, and betraying only natural emotion; she persists in maintaining that the whole period of the apparent unconsciousness is a complete blank to her recollection. She is grateful for her recovery, but manifests no craving for sympathy, and no tendency, as yet, to revert to any morbid condition of despondency such as is described at the commencement of the attack. In connexion with this last point, although there is no evidence of her having been personally insane, it is not to be denied that her family history contains strong presumptions of a hereditary predisposition bearing in that direction.

¹ The favourite nursery tale of the sleeping princess entranced for a hundred years has been shown to be derived from an Aryan source; and the myth of Rip Van Winkle is also, it is said, extremely ancient. For much more of a like mythical and unauthenticated description, as well as a good deal of more plausible-looking material, the reader who is not scrupulous about scientific exactness, and who prefers to have his marvels in a rather undigested condition, may refer to Dr. Mayo's little work, *On the Truths contained in Popular Superstitions*, or to the fully more entertaining, if not more instructive, *Philosophy of Mystery*, by Walter Cooper Dendy.

Such is a brief summary of the more essential facts of a case which, within my own experience, is unique as to the duration and continuity of the symptoms, and to which I have not been able to find an exact parallel in the more recent literature of the subject. It will not have escaped the reader of the more detailed narrative that in the earlier part of the case (before the patient left home), some facts are recorded as regards the evacuations which might bear the construction that she was, at that time at least, so far conscious as to be capable of imposing upon her own relatives and attendants. But I am far from believing that this last conclusion follows from the facts as stated. That her consciousness was more awake to impressions from without at this period than it became afterwards I see no reason to question, but that there was any conscious double-dealing I do not believe. It seems not at all inconsistent with the facts to suppose that even with a much lowered condition of activity of the higher cerebral functions she may have retained enough of apparent spontaneity, in connexion with what has been called the reflex function of the brain, to be capable of obeying the imperative calls of nature in a quasi-automatic manner, and to be moved rather to do so when alone than in the presence of others. The mental state of this patient, however, and of the subjects of "trance," and, I may add, somnambulism in general, is, no doubt, extremely perplexing, and difficult even to imagine correctly, and I am well content to put the facts on record without being too confident in advocating any theory of them as in all points satisfactory.

In a case which I saw with Mr. Page of Carlisle many years ago, and which in many points resembled the present one, approaching it more nearly indeed than any other within my own knowledge or experience, there was a tendency to muttering delirium, extending over hours, and not at all unlike the character of the muttering in the deeper stages of the coma of typhus fever, though without any febrile concomitants. Mr. Page has been kind enough to furnish me with the following brief recollections of this case, which occurred in the higher ranks of society. "The lady about whom you inquire died about two years ago from probably tubercular disease. At the time you saw her she was fed for more than two months altogether, and for another month partially, by the tube; she lay for more than a week at a time silent and motionless, then began to mutter, and would continue to mutter for twenty-four to thirty hours, then go into silence again with closed eyes, her breathing being the only sign of life except the action of the bowels and bladder, which was carefully watched for by her attendants. She began to take food by swallowing a few drops of grape-juice out of a spoon; this was gradually increased in quantity, then something else was substituted; and at length she took enough by the mouth to sustain her, and gradually recovered her mental power and physical strength. She was taken to Silloth, where she remained about three months, and by the time she left she was able to talk rationally, and to walk a little. Ultimately she perfectly recovered both in body and mind, continuing well for many years. During her attack she was taken up daily and dressed, just as a corpse might have been; then put on a chair, and there she remained."

My personal impression of this case now is that the unconsciousness was by no means so deep as in the case of Mrs. McI—, but at this distance of time it would probably be difficult to determine the point. It is clear that the return to consciousness was much more gradual. These remarks apply also to a case of genuine and typical catalepsy which I, in common with many others, saw not long ago, under the care of Dr. Wood Smith, in the Glasgow Royal Infirmary, and afterwards in the Town's Hospital. The patient was a male, and had been subject to strong religious impressions; the statue-like attitudes and the maintained position of the limbs when passively moved were highly characteristic; and although the eyes were frequently open, they were utterly devoid of expression. Sensibility of every kind seemed abolished, yet there was this difference between the cataleptic and Mrs. McI—: that in the former case Dr. Finlayson and I had no difficulty in compelling the patient, as it were by mere mechanical urgency, to get out of bed and walk automatically round the ward, a proceeding which was plainly out of the question in my case. I have never happened to see another case of quite typical catalepsy, but to those which have most nearly approached it in my experience the same remarks apply. This case of Dr. Wood Smith's ultimately and gradually recovered, after having been in the cataleptic stupor for many weeks together.

(To be concluded.)

CASE OF

STONE IN THE FEMALE WITH SACCULATED BLADDER.¹

BY WM. CADGE, F.R.C.S. ENG.

IN March of last year Dr. Hale White showed at the Pathological Society of London a specimen of sacculated bladder in the female. In the paper, and in remarks made to the meeting, it was pointed out how very rare it was to find sacculation of the female bladder; so rare is it that the Pathological Transactions contain no case; and out of 3000 autopsies at Guy's Hospital no instance of it is recorded. It was also contended that neither stone nor stricture ever caused it; and it was thought probable that when it did occur it was caused by pelvic cellulitis, which set up either cystitis or led to the formation of abscess which opened into the bladder. The report in the journals of this paper and discussion is very meagre; but if it is, as far as it goes, correct, I should be inclined to doubt some of the statements adduced. For instance, I cannot suppose that it is so rare an event as is indicated by the experience of Guy's; he would be an indefatigable pathologist who would take note of the condition of the bladder in every case so as to be able to say that it never had occurred. Again, although it may be, and I think it is, correct to say that stone is never the cause of sacculation of the bladder, what I believe was meant was that stone and sacculated bladder in the female never were known to co-exist. This inference, however, is not correct, as the case I am about to describe will show. Instances of stone in the female with an approach to sacculation of the bladder are recorded, notably one a few years ago by Sir H. Thompson; but this case, and such as this, I should describe as pouching of the bladder, due in part to the weight of the stone and the expulsive effort of the bladder forcing the floor of it towards the vaginal cavity, where it is ill-supported; here all the coats of the bladder are carried down towards the vagina. I once assisted the late Mr. Gibson to remove a large stone which bulged down the vesical wall till it was external to the vulva, and had been mistaken for a prolapsed uterus. Sometimes the stone will make its way by thinning and ulceration through the vesical walls; and in our museum there is a very remarkable specimen of a large oblong calculus which escaped and dropped from the female in this way. But I know of no other instance in museums, or in the records of surgery, of a stone being enclosed in a proper sac having a narrow channel of communication with the bladder, in which the stone was removed by operation.

The patient, a married woman, aged sixty-one, was an out-patient of the Norfolk and Norwich Hospital in Oct. 1882, complaining of dysuria. She was examined, and as there was a curious projection of the orifice of the meatus, not quite like, but not very unlike, a vascular growth, it was thought probable that this was the cause of the dysuria, and she was admitted as an in-patient. At first, and with perhaps insufficient investigation, I took the same view; I noticed that I could not see, and only with difficulty could find, the actual orifice of the urethra. As I have said, it projected and looked vascular, and I clipped off the whole projecting part with scissors. Still the vesical irritation continued unabated—rather it increased—and I therefore examined the bladder, and detected a stone lying free. With the finger in the vagina, I also felt what I took to be an encysted stone, about the size of a chestnut, prominent in the roof of the vagina, close in front of the os uteri. I thought with the sound I could detect the free upper end of this encysted calculus in the bladder. About a week after the examination, the patient being placed on the operating table, I dilated the urethra, and with my finger I verified this diagnosis. The calculus lying free was easily extracted; it was rounded, white, about the size of a small walnut, and weighed three drachms. Then, feeling for the exposed part of the encysted stone, I found it to be a flattened disc, which in a moment broke off at its narrow neck; this free part was extracted, and with some trouble I discovered amongst the folds of the empty bladder the broken end of that which remained. By slow degrees I was able to dilate the mouth of the cyst, and slip over the

¹ A paper read at the Norwich Medico-Chirurgical Society.