first is glycerin of borax with oxychlorate of bismuth and morphia,¹ and the second is the same combination with the substitution of cocaine (10 per cent.) for morphia. These applications should be brushed over the whole interior of the throat after each meal and also at bedtime. In using cocaine, care must be taken in its application to the larynx, which is sometimes provoked by it into dangerous spasm.

Among the internal remedies which I believe to be of use in this malady, there are also two. The one is a syrup of the bromide of quinine and iron, with small doses of arsenic; and the other is a pill of reduced iron, valerianate of zinc, belladonna, and nux. This latter combination, often successful in controlling the cough, must be given in doses slowly increased until the physiological effects of the belladonna become apparent; and then, slightly diminished, the amount administered should be maintained at that level.

There is still another remedy to which, in laryngeal nervous affections, specialists in throat disease attach great importance; and that is a long sea voyage. Undoubtedly it is sometimes successful; but undoubtedly also, in my experience, it oftener fails. Furthermore it is costly, it is difficult to carry out, it interrupts the work of education, and occasionally, in the case of boys, it begets habits of a kind which permanently interfere with a right conduct of the business of life. For my own part, when I now review my experience of the effects of sea voyages upon young invalids, I am more strongly impressed than ever I was before with the necessity of extreme caution in prosecuting them.

But although in all these ways the benefits which we shall be able to confer upon our patients may not appear to be great, there is one way in which perhaps we may be enabled to make them great beyond expectation or expression. We have seen that almost all the subjects of this malady are "nervous"; and from this we know that they tend to become self-conscious, to dwell upon their disorders, to give way to self-distrust, to take interest only in themselves, and at last to fail in all that is useful as well as all that is high in life. Coming at this early time of youth under our instruction and influence, we may help them to strive after self-effacement, to aim at some higher ideal than themselves, to find in labour strength, and through suffering tranquillity; and so, transfiguring their lives, to discover therein sacrifice instead of selfishness, and gladness instead of gloom.

INSTRUMENTS FOR CLEANSING AND APPLYING MEDICATED FLUIDS AND POWDERS TO THE MIDDLE EAR.

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THE engravings below represent the modifications of my instrument for washing out the drum cavity and for applying to it medicated fluids and powders, which I first

4 of the French scale. The cannula, A, is $5\frac{1}{2}$ in. long. This cannula is intended for injecting fluids into the middle ear by means of the syringe, D, to which it is connected by a piece of rubber tubing $\frac{1}{8}$ in. in diameter and 18 in. long. The syringe is placed in the hands of the patient and is worked by him; the operator thus has both hands free. There is still another advantage in this—i.e., if the cannula be attached directly to the syringe, as has been done, it is by no means easy to direct the stream of fluid through a small opening in the drum-head, without inflicting some violence, however slight, upon the posterior wall of the drum cavity, when the piston of the syringe is operated. The advantage of this intervening rubber tubing, and of placing the syringe in the patient's hands, is therefore self-evident.

Of No. 2 there are also two sizes; the same in length and diameter as those of No. 1. This cannula is designed for withdrawing fluids which have been injected into it for cleansing purposes. The cylinder, C, about $\frac{5}{8}$ in. long and $\frac{5}{16}$ in. in diameter, is, like the syringe, made of glass furnished with metal attachments at either extremity for connecting it with the cannula and rubber tubing. This cylinder enables the operator to see the character of the fluid withdrawn from the drum cavity. The cannula attached to this cylinder has, for obvious reasons, its own rubber tubing. The capacity of the syringe, D, is two drachms.

No. 3 is intended for blowing medicated powders into the drum cavity; its cannula is 4 in. long, independent of the receptacle, E, for powders; E is $1\frac{1}{8}$ in. long and measures $\frac{3}{8}$ in. across its base. This receptacle, E, is also furnished with two cannulas corresponding to Nos. 3 and 5 of the French scale. The rubber bag, F, is 2 in. long and $1\frac{1}{2}$ in. wide. The attachments at either extremity are of hard rubber. The free extremity of this bag is provided with a valve, which it is quite important to have, otherwise the powder will be drawn into the tubing from the receptacle, E. By adding this valve we also avoid clogging the cannula by drawing into it fluid which may remain in the drum cavity.

The cannulas are made of sterling silver or aluminium, and Nos. 2 and 3 are screwed on to C and E. It will, therefore, be easy to avoid the mistake of using No. 1 instead of No. 2, No. 1 being, as already indicated, intended for injecting antiseptic or other medicated solutions into the drum cavity, whereas No. 2 is designed for withdrawing unclean secretions &c. from this cavity.

The extremity of each cannula is curved, as shown in the engravings, in order to give the proper direction to the fluids and powders, as when it is desired to make the application to the roof of the drum cavity.

These instruments are especially designed as aids to the treatment of suppurative disease in the upper part of the middle ear. It is obvious that when the drum cavity has to be treated through a small opening in the drum membrane (i.e., Shrapnell's membrane), only a trifle larger than one of my cannulas, it can be most efficiently cleansed by some

described in the "Archives of Medicine" (New York), April, 1880.

Of No. 1 there are two sizes, corresponding to Nos. 3 and

such aids as the above-described instruments are designed to furnish. I trust that these instruments may prove as serviceable to others as they have to me.

The W. F. Ford Surgical Instrument Co., 315, Fifth-avenue, New York, are the makers of these instruments.
New York.

¹ R Glycer. boracis, $\mathfrak{ss}$.; bismuthi oxychlor., $\mathfrak{ss}$.; morphinæ hydroch., gr. $\mathfrak{li}$. Fiat applic.

SOME CASES OF "HYSTERIA" IN THE MALE SUBJECT.

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HYSTERIA in the male subject in its severer forms is, at any rate in this country, not of very common occurrence, and when unattended by typical phenomena, such as the convulsive seizure, is apt to be overlooked; indeed, the nature of such a seizure, when it occurs, may for some time be doubtful, even when the possibility of hysteria is borne in mind. In this connexion I use the term hysteria in its wider sense, as implying simply the absence of any evidence of organic lesion. I have therefore brought together the notes of four cases that I have seen during the last two years, which illustrate some of the more important forms which hysteria may assume. Two of the patients were boys.

The first case may, perhaps, be most properly entitled one of prolonged hysterical trance, and affords a fresh example of the length of time during which food may be totally abstained from without danger to life. It is not even necessary that there should be complete rest of the skeletal muscles and their presiding nervous centres during the period of fast in order that the processes of dissimilation may be reduced to a minimum; no doubt this is attained in many cases by the state of torpor in which the patient lies; but in others, as in the one under notice, convulsions occur not infrequently, and must entail largely increased dissipation of muscular and nervous energy. In the second patient, a definite intracranial lesion in all probability existed and was recovered from, but on the unstable condition of the central nervous system thus engendered hysterical paraplegia and convulsions supervened. Two instances of contracture of limbs follow, the one occurring after the application of a plaster-of-Paris apparatus, the other without more definite exciting cause than a painful affection of the forearm. In the intensity of the contractures and their persistence the usual features of such cases were borne out.

The first patient was a boy aged eleven, seen in June, 1890. The family history was good, and no evidence could be obtained that any member of it had previously suffered from any nervous affection. The boy himself had always been healthy; there was no history of any injury, fright, or shock, and the only cause to which the illness might probably be attributed was an attack of influenza some two months previous to my visit. The present illness began two weeks afterwards. For one week he suffered from general malaise, loss of appetite, and headache; the latter increased in intensity, and his medical attendant, Mr. Knapp of Westbury, noted the occurrence of alternating, almost rhythmic, contraction and dilatation of the pupils. The symptoms at this time appeared to him to indicate a commencing attack of meningitis. He also complained of pain in the præcordial region, and there were constant movements of the left arm, in which the forearm was first extended, and then flexed and pronated, so as to bring the hand forcibly against the præcordia. He now passed into a semi-conscious state, refused all food, passed his urine and fæces into the bed, would not or could not speak, and could not be induced to reply when spoken to. After a little time the movements of the left arm became feebler, and were finally confined to the hand, which continued to make feeble to-and-fro motions. Irritation of the præcordial region brought on cries and screams of pain, often followed by attacks of tonic spasm of the limbs, which passed into opisthotonos, in which the patient was supported only by his head and heels. The hyperæsthesia, at first confined to the præcordial region, soon extended over the whole of the anterior surface of the trunk, but never affected the head or limbs; he screamed when touched anywhere on the abdomen or chest. He lay for the most part perfectly quiet, but from time to time tonic muscular spasm would supervene, passing into opisthotonos; during these attacks the eyeballs were in strong convergence. The boy remained in this state for three weeks, entirely refusing all food. The parents, who were constantly with him, were confident that he took nothing but water to moisten his lips during all this time, and it was impossible for him to obtain food without their

knowledge. Mr. Knapp also made careful inquiries into this matter, and so far as he could ascertain the parents' statement was correct. At the end of this period of three weeks the patient one day showed signs of returning consciousness, and, although apparently unable to speak, wrote on a slate that he should like some milk, beef, potatoes, cabbage, and pudding, and a day or two afterwards spoke and said that he could take some soup that he had had at an aunt's house the day before his illness. This occurred about ten days before my visit, and since then he had not spoken again, but had relapsed into the same unconscious condition, passing his evacuations into the bed. If touched on the hyperæsthetic area he would moan and cry, and if moved in the bed he had a convulsive seizure of brief duration, in which there was opisthotonos and convergent spasm of eyeballs. He now, however, took from time to time those articles of food which he had demanded on the slate, and indicated his need for food by gnashing his teeth together; all other kinds of nourishment he rejected. Throughout the illness there was no squint or ear discharge, and no pain in the head except at the onset.

When I saw him the patient was lying on his back; he was thin and emaciated, the abdomen rather swollen and tumid. Physical examination showed that the abdominal and thoracic organs were natural, and no abnormality was detected over the spinal column. The eyelids were half closed, the mouth wide open, the tongue dry and thickly coated, lying on the floor of the mouth; the right arm lay by his side and was somewhat rigid, the left was folded under his back. The legs were drawn up, and the flexors of the hip and knee strongly contracted. This contracture could not be overcome by the strongest force which I could employ, which elicited cries of pain; the toes were in a state of strong flexion. The right arm could be passively moved, but not freely. There was almost constantly a slight oscillating movement of the legs, and in less degree of the body, from side to side, and from time to time the muscles of the back became stiff, the spine was slightly arched and raised an inch or two from the bed, and the body swayed from side to side for a few seconds, the patient uttering low moaning cries, without moving the lips or tongue. During these passing attacks the spasm of the lower limbs was diminished.

The boy was lying naked except for a towel about his hips, as he could not bear the contact of the bedclothes, on account of the extreme hyperæsthesia of the skin of the chest and abdomen. This hyperæsthesia was so intense that an accidental light touch with my coat sleeve brought on a convulsive shudder, with tears and cries of pain. This hyperæsthetic area was limited to the anterior surface of the trunk, ceasing accurately at the groins below and at the

Shaded area of hyperæsthesia. Over vertical lines it was most intense.

level of the clavicles above. There was no rigidity of the neck muscles, and, in marked contrast to the rest of the body, the head and neck could be freely moved about and handled