

issued by my predecessor, Dr. Clouston, and those from my own reports for the last eight years. I give in a tabular form the percentage of recoveries on admission, the percentage of deaths on the average numbers resident, the cost of stimulants (used medicinally) per head, and also the cost for medicine during these two periods.

Years.	Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Nos. Resident.			Wine, Spirits, and Porter.	Surgery and Dispensary.
	From Jan. 1st to Dec. 3rd.	Males.	Females.	Total.	Males.	Females.	Total.	
1st Period of 10 Years.	1863	30.6	18.4	25.0	4.3	6.4	5.2	s. d. 16th 0 1 12
	1864	30.7	38.0	34.0	12.0	12.0	12.0	0 1 14
	1865	30.0	44.0	38.6	3.8	9.4	6.2	0 1 14
	1866	15.0	38.0	25.7	5.2	2.8	4.0	0 1 13
	1867	27.1	34.2	29.9	12.8	6.9	10.3	0 2 10
	1868	36.7	38.3	37.5	7.4	7.7	7.6	0 2 12
	1869	41.2	37.5	39.1	8.9	6.3	7.7	0 1 14
	1870	47.9	44.0	46.2	5.0	6.5	5.7	0 2 7
	1871	43.8	56.0	48.5	11.0	8.6	9.9	0 2 9
	1872	51.1	48.0	49.5	8.0	5.8	7.0	0 2 10

The percentage of recoveries for this period averaged 39; the percentage of deaths on the average numbers resident was 7.6. During this period one pint of milk was given to the men and three-quarters of a pint to the women for six days of the week at dinner. I had the amount of milk reduced to half a pint for each sex, and only gave it three days in the week at dinner, as I thought it did not suit the dinners with fat meat or warm gravy, but the dietary has remained unchanged as regards the amount of butcher-meat.

Years.	Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Nos. Resident.			Wine, Spirits, and Porter.	Surgery and Dispensary.
	From Jan. 1st to Dec. 31st.	Males.	Females.	Total.	Males.	Females.	Total.	
2nd Period of 8 Years.	1873	37.3	48.3	43.2	5.3	6.2	5.7	s. d. 16th 0 2 5
	1874	40.3	54.1	46.6	11.5	7.7	9.8	0 3 7
	1875	38.1	43.1	40.3	6.9	6.2	6.6	0 2 12
	1876	43.3	45.0	44.2	15.5	5.9	10.9	0 1 15
	1877	49.0	51.0	50.0	7.7	4.2	6.0	0 1 14
	1878	59.5	59.7	59.5	7.2	8.6	7.8	0 1 6
	1879	35.4	64.0	51.7	8.2	5.5	7.1	0 1 4
	1880	30.4	50.0	39.5	9.8	9.3	9.5	0 1 3

The yearly recovery rate during the eight years averages 47 per cent.; the average percentage of deaths on the numbers resident is 7.9. As the general health has been good, and as in the vast majority of cases the patients admitted have been found to gain in weight after admission (careful weight records being kept), I think the .3 per cent. of rise in mortality may easily have been caused by the action of the Government grant of 4s. per week, for lately we certainly have had more old cases sent in than used to be sent some years ago.

I believe I am correct in saying that in most if not all of the Scottish public asylums no other beverage than cold water is given at dinner. I am at present considering the question of doing away with the small quantity of milk which is given here on three days in the week. The attendants and officials have seemed to keep in good and robust health with water as their beverage.

Carlisle.

BELFAST HOSPITAL FOR SICK CHILDREN.—The gold medal offered annually for competition to the students attending the hospital clinique has lately been awarded to Mr. Thomas Sinclair for distinguished answering in an examination on the diseases of infancy and childhood.

NOTES OF A

CASE OF EPILEPTOID HYSTERIA WITH CATALEPTIC SYMPTOMS.¹

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ON July 2nd, 1880, Mary M— came to the out-patient department of our hospital complaining of “fits,” great difficulty in walking, choking sensations, and an enormously distended abdomen. I prescribed bromide of potassium and valerian, with some aperient. She reappeared on the 9th with every symptom much aggravated, being unable to stand, her limbs rigidly extended, the “globus” greatly alarming her, and the abdomen even more distended. In addition I found that her lower limbs and abdomen were quite anæsthetic. She was admitted as an in-patient, and the following notes were taken by our house-physician, Dr. Mortimer.

The patient is a stout, well-built, well-nourished girl, aged nineteen, with placid composed expression, smooth, fair complexion, fair hair, pale-blue eyes, long lashes, and well-cut features. Her family history is remarkably good. She states that since the appearance of the catamenia (which have never been regular), three years ago, she has never been healthy, and during the last three years she has had “fits,” slight at first, but during the last twelve months of a violent character and frequent (as many often as five or six a day). During this period she has been under several doctors “for a bloated swelling in the bowels,” one of them telling her she had a “tumour.” She has been very hard-worked as a general servant, acting as nurse to her mistress, who died; then her master falling ill she nursed him also, apparently with much devotion. She felt frequently giddy, and had violent fits, occasionally lasting two or three hours, and for a short time after each lost the use of her arms, but never of her legs or body, until a month ago, when stiffness came on in the legs, with total loss of sensation.

On admission the patient’s condition was as follows:—

Nervous system: Mental faculties acute; answers questions rapidly, intelligently, and with goodwill; much tendency to sleep; complains of giddiness.—Cranial nerves normal, except very marked loss of sensation in all the branches of the fifth pair; conjunctivæ can be pricked without causing a wink.—Spinal cord and nerves: No spontaneous pain in back, but tenderness over third cervical spine on pressure, and also in mid-dorsal and sacral regions. Complete loss of sensation to pain over whole surface—limbs, trunk, head, and neck. Pins can be inserted deeply into the muscles on either side without producing the slightest pain or reflex action, but tactile sensation seems normal in fingers.—Motor powers: Normal in arms; complete loss of voluntary power in both legs, which are kept in a state of rigid extension, even to the toe ends; no tremors; no spasm. Reflexes—plantar, patellar, abdominal, and epigastric—absent. Bladder centres apparently normal.—Electrical reactions: Sensation to faradaic current entirely lost in arms and legs; muscular irritability to same current much diminished. Galvanic current not used, because during the use of the faradaic current the patient appeared to pass into a semi-cataleptic state; heavy, drowsy, sighing; with limbs firmly fixed, and maintained in whatever position they were placed. There was for a short time complete loss of consciousness. There was no acceleration of pulse during observation. Chloroform being administered to complete anæsthesia, the immense abdominal distension entirely disappeared, as also did the rigidity of the legs. On recovering from the anæsthetic, but whilst still deeply under its influence, the plantar reflex reappeared, and the conjunctivæ also seemed more sensitive. The patient, however, very speedily relapsed, even while still under the influence of the anæsthetic. Metallo-therapeutic tests—viz., gold and silver coins—were applied alternately to both legs without apparently the slightest result.—Organs of circulation: Pulse 80, full, firm, and regular; nothing else noteworthy. Organs of respiration normal. Organs of abdominal and digestive functions also normal. Slight polyuria and albuminuria; no dysuria; deep pressure over

¹ Read at the Wolverhampton District Medical Society on Tuesday, Dec. 7th, 1880.

both ovarian regions produced no result. These investigations occupied a period of three days.

July 13th.—The patient *in statu quo*. She had a slight fit of an hysterical character on the first night. Her bowels had been well relieved by pills of aloes and iron. As she lay on a protected bed, her legs were exposed from the knee, and a drop of cold water was allowed to fall on to each at the rate of about eight per minute from an apparatus arranged at a height of about six feet from the bed, for twelve hours.

14th.—The dropping water has caused “a glowing feeling” in the back and arms, and tingling in the spine. She slept well after it was discontinued, and the cutaneous sensation is much improved this morning to level of knees, but still there is some slight general anæsthesia. The patient can rise in bed with more facility, and some slight voluntary motion was observed in the left leg. Water-dropping resumed at 12.30.

15th.—There is very marked increase both in faradaic sensibility and irritability this morning; in the arms it is almost normal, most deficient below knees.

16th.—Marked improvement of voluntary motion in left leg; ankle can be flexed and extended to a moderate extent. Sensation completely returned; slight increase in right leg over upper third. Spasmodic twitchings of muscles of right thigh. Gold test again tried with no effect. Water-dropping resumed on right leg. Blisters, which had been applied to tender points in spine yesterday, had risen well.

17th.—The patient could walk a few steps this morning after some “encouragement”; water applied again to both feet.

19th.—The patient walks well to-day; the phantom tumour, which had almost disappeared, has slightly returned.

20th.—The phantom tumour much more marked, with some abdominal pain, apparently muscular. Water to be dropped on to both recti abdominis for twelve hours.

24th.—No improvement; and on examination sensation—tactile and to pain—quite absent over parts supplied by dorsal nerves from about the sixth to the eleventh.

August 1st.—The patient has been walking in the grounds since last note, and appears quite well, except for the persistence of the phantom tumour and the anæsthesia. An ice-bag was applied to abdomen, but with no effect. Yesterday two flat corks, two inches and a half in diameter, were pierced with numerous pins, the points of which were allowed to project to the extent of a quarter of an inch. The prickly surface was applied to the skin of the abdomen on each side, and strapped on tightly. Notwithstanding these instruments of torture, the patient slept well all night, and her condition this morning is unaltered. Situation of pins very red, but corks again applied.

10th.—Anæsthesia has extended rather higher in the trunk; sensation both to touch and pain diminished from Poupart's ligament to an inch below the clavicle; liquor epispasticus applied to dorsal and lumbar regions with no beneficial result.

17th.—Faradaic current applied to both recti daily for three minutes, without result.

20th.—A large-sized galvanic belt, steeped in dilute acetic acid, was applied below the umbilicus to the bare skin for several days. This produced no effect save severe ulceration of the skin, which was not, however, felt. To avoid the ulceration a piece of lint, kept wet with the vinegar, was interposed between the belt and the skin, and it was now applied above the umbilicus. Two days after this application the abdomen was felt to be softer; on the fourth day the swelling had much diminished, on the fifth day it had entirely gone, and a fortnight afterwards the girl went home in the most perfect health.

I shall have very few remarks to make respecting this most singular and interesting case. One might heartily wish that the word hysteria were banished from our medical language—and indeed, so far as its etymological signification is concerned, from our medical thoughts. The uterus, as an important organ of the body during its physiological activity, certainly suffers with the rest; and often, no doubt, its disordered functions react on the nervous system, giving special characters to nervous disease; but I think to call such a case as the one I have related hystero-epilepsy is an abuse of terms. Here was a perfectly healthy, well-made girl, with her strength worked down by hard service and want of fresh air, becoming anæmic and “irregular” in consequence. The pressure upon the nervous system being continued and the

hygienic conditions worse, the nervous balance becomes lost, and irregular discharges of nervous force, the so-called fits, ensue. No efficient means being taken to restore the equilibrium, the occasional clonic spasms become in the abdominal muscles and in those of the legs tonic, whilst clonic spasm still invades the muscles of the larynx. At the same time sensation is lost, general anæsthesia occurs, the ordinary lines of communication between the centres of conscious sensation and the distribution of the sensory nerves are blocked. There is nothing, surely, directly attributable to uterine causation in all this. Is it not one of a class of cases in which hysteria is used rather as a confession of ignorance than as a rational pathology? I have, however, no better pathological theory to offer further than what I have said as to the probability of its being a disease of exhaustion in a somewhat weakly balanced nervous organisation.

The treatment I adopted will almost explain itself. I had a patient with considerable intelligence evidently extremely anxious to get well. There was nothing radically wrong with the brain functionally or organically. There were no symptoms of uterine disease or of ovarian irritation. My object was to re-establish as quickly as possible the channel of communication between the nervous centres and the periphery, and I had all the senses except sensation to help me, and also the imagination. The readiest means which suggested itself was a modification of the old Inquisition torture, and it more than satisfied my expectations. The abdominal distension, which had been the longest symptom in duration, was the last to yield, but I believe it yielded eventually rather to the physical effects of the battery than to the curative power of the electricity, as we well know is the fact with certain analogous cases of aphonia. However, whatever the cause of the cure, it was effectual and complete, and the girl was restored to an active and useful life, which I believe she still continues to lead.

Wolverhampton.

FOREIGN BODIES IN THE AIR-PASSAGES.

By E. S. STEVENSON, L.R.C.P., M.R.C.S., &c.

THE following two cases are interesting inasmuch as they illustrate the origin of some obscure lung diseases. The notes are taken from my case-book and abbreviated.

CASE 1.—In June, 1878, I was consulted by F. A—, a coloured man, complaining of a bad cough. F. A—, aged forty-five, has been a hard drinker, and has led a life of constant exposure. He has had the cough for three months, gets no rest from it; it is constant, and worries him much. It is harsh and dry, and he does not spit with it. On examination the chest presents no abnormal physical signs. Two months afterwards he called again, the cough as bad as ever; the drugs which he has taken to allay it have had little or no effect. He expectorates now a muco-purulent sputum, and indicates a spot to the left of the manubrium sterni where he feels a constant dull pain, increased by the act of coughing, but existing during rest. The cough is very spasmodic. The patient has lost flesh, and feels weaker. On auscultating moist râles are heard over and around the place where the pain is localised; there is no dulness. Ten days after he was worse. He coughs much, and brings up a green, cheesy, purulent material in large quantity, often by simply leaning down. The pain still “localised.” He has a hectic look, perspires much, and has no appetite. Moist râles heard over the upper part of the left lung, front and back, and there is slight dulness. It appeared to me that the man was suffering from bronchiectasis, the diagnosis pointing to a dilated bronchus; he was treated accordingly by medicated inhalations and cod-liver oil. The case then became rapidly worse, and I began to fear that there must be tubercular mischief, when one morning during my visit he showed me a hard substance which he had expectorated shortly before my call. On cleaning it, it turned out to be a broken piece of bone, the size of half a French bean, and serrated at its edges as if it had been acted upon by a bone-destroying agent. His wife, who was present at the time of the expulsion, corroborated the fact. She stated that after a very severe fit of coughing the bone had been brought up imbedded in muco-pus, and had been kept for my inspection. From that day the patient improved; the cough gradually abated, and the pain left him. Three