

similar case, I was induced to carefully examine him, with the view of determining whether it were worth while to attempt the like treatment. He proved to be an exceedingly intelligent, happy-minded fellow, and urged that even the remotest chance of improving him should not be left untried.

The following was his description at that period :—A small, spare, fair, boyish-looking man lying on his back, with a sheet tied tightly across his knees to prevent them flying up to his chin, and pads between the knees and ankles, which were ulcerated from pressure; his fixed condition being one of violent permanent spasm of the flexor and adductor muscles of the lower limbs, with paralysis of the bladder, and total loss of feeling below the level of a bony growth, as large as an egg, engaging the fifth and sixth dorsal vertebrae. There was no angular curvature or chest deformity. His general health was excellent, appetite good, lungs and heart sound.

Yielding to his importunity, though with but faint hope of benefiting him, chloroform was administered, and two eschars made, an inch wide and six inches long, on each side of the spinal swelling, the instrument used being an ordinary iron for spreading plaster, heated; these were connected by arrow-headed markings. The issues were kept open about three weeks with poultice and savine ointment, after which they healed up, apparently without having produced appreciable effect, though J. M., who used to test his own sensibility with a needle, declared he could "feel lower down than before," and insisted on the operation being repeated. This was done with such palpable improvement that it was re-performed four times at various intervals. At length he could feel the prick of a needle keenly at the hips, and more slightly at the legs. Erections and voluntary micturition were re-established, and he could extend, flex, or otherwise move his legs at will, though still with great effort. In each operation I had hitherto had the aid of two medical friends, Mr. Hildyard Rogers of Shepherd's Bush, and Dr. McSwiney of Brook Green. In June last, in compliance with his urgent entreaty, I made arrangements for repeating the operation for the fifth time, but at the last moment both my friends were detained elsewhere. It was, therefore, postponed till the following day, when again I found myself alone. As the man had twice been kept without his dinner, and was greatly disappointed, at his particular request I consented to proceed single-handed; for we had neither assistant, dispenser, operation room, nor any of the appliances of a well-ordered establishment afforded by the guardians (even midwifery instruments being refused me), though having from 350 to 400 patients on the average. Yet, under these disadvantages, operations were not of rare occurrence; within a short period the closing a vesicovaginal fistula, amputation of the leg, excision of the breast, removal of half of the inferior maxilla and other matters having taken place successfully.

In this case I had no misgivings; the man had taken chloroform already four times, requiring an unusually large quantity to produce anaesthesia, and recovering from its influence very rapidly. Besides, my experiences of the exhibition of the drug could be counted by the thousands, extending back to the days of the Crimea, and hitherto without a shadow of mishap. This time he took the anaesthetic better than ever, less than two and a half drachms proving sufficient. The same procedure as before was gone through. Rolled over on to his stomach, with a pillow beneath it to throw up the back, the head nurse, a most careful, trustworthy person, took charge of the face to keep the mouth disengaged from the bolster, while I applied the iron, assisted by two or three other patients. A piece of oiled lint was then laid on the spot, and J. M. placed on his back, his pulse and breathing being then both good. I turned from the bed and walked to the stove, a distance of about fifteen feet, to put down the iron, when a cry from the nurse brought me quickly back. Respiration and heart action had ceased suddenly and completely. Having first ascertained that the mouth and rima glottidis were free from mucus, the head was allowed to hang down over the edge of the bed for a few seconds; then lifting the body on to the floor, a needle and thread snatched from a bystander were passed through the tongue, which the nurse held forward, while artificial respiration was vigorously carried on by compressing the chest walls; at the same time cold water was plentifully thrown on the body and ammonia applied to the nostrils. At the end of six minutes, when all seemed unavailing, I stopped for a moment to look at the patient.

There was a something in his blue appearance that impressed me with the idea that actual death had not yet occurred, and putting my ear to the heart, I fancied a sound like a distant thrill or murmur could be detected. Artificial respiration was resumed, and in a few seconds more the heart's action was very distinct, but there was no attempt at breathing. Hard slaps, cold water dashed on face and chest, blowing violently down the fauces, were all tried in vain. It was singular to note the apparently dead body show its perception of injury by slightly moving the hand in the direction of the part struck. After the lapse of eight minutes a long and deep inspiration took place, then at an interval of eight or ten seconds another, and then others more frequently.

The galvanic battery having refused to act the day before, it was presumed to be out of order, and had not been brought into the ward; but a thoughtful patient, ignorant of this, had fetched it, and having by this time fixed the wires, put one pole into my hand, which I placed on the epigastrium, directing him to apply the other to the nape of the neck. This he did so rapidly, before I had time to alter the regulator, that the whole current from fifty cells was transmitted, the machine happening to resume its proper action. J. M. sprang up into a semi-sitting posture, and exclaimed, "Oh, dear! what are you doing?" He was got back into bed just as the Local Government Board inspector, who was making his official visit, entered the ward. The time that elapsed from the moment of apparent death to his speaking was just ten minutes. Soon after the above narrated occurrence, I resigned the post of medical officer to the infirmary, and consequently lost sight of J. M., but have heard that he has since gone out in a wheel-chair, sitting upright without difficulty. I believe a pea issue, steadily kept up for a period of two months, would have perfected his recovery, or at least enabled him to walk.

Clifton.

NOTE ON ABSENCE OF BEER IN AN ASYLUM DIETARY.

BY J. A. CAMPBELL, M.D., F.R.S.E.,
MEDICAL SUPERINTENDENT, GARLANDS ASYLUM, CARLISLE.

THE subject of the use of beer in the dietaries of public institutions, for patients, attendants, nurses, and servants, has for the last few years much exercised the minds both of the lay rulers of such institutions and of the medical heads, and a diversity of opinion still exists. The use of stimulants in sickness is also much discussed, and affords considerable scope for variety of opinion and practice.

The asylum which I at present superintend was at one time, I believe, the only English asylum in which beer did not form an article of ordinary diet for patients, attendants, or resident medical officers, and as the asylum has now been in existence since January, 1862, its general results may be fairly taken for purposes of comparison. The Committee of Visitors, when the asylum was opened, were of opinion that in many respects it was highly advisable that the diet-scale, and also the hours for meals, should accord to a certain extent with what was in force in the district from which the patients were drawn, and hitherto they, or their successors in office, have seen no reason to alter the opinion which was wisely come to at a period when, in the belief of many, it was wrong. Beer does not form a usual part of the diet of the working-class in these two counties, and their hours for meals would by many be thought barbarously early.

I have for several years had so many inquiries into the matter of diet, and the absence of beer in it, and as to the effects of this want of beer in reducing the health, in evilly influencing recovery, &c.—some of these inquiries have been so full and particular as to percentages of recoveries and deaths, the cost of stimulants as medicinal treatment, and the cost of medicines,—that I have drawn up the following tables, which show the main points that can be of any value to other institutions; while I avoid all comparison which might be invidious, and which, if required, may easily be made by those who wish to enter on the subject.

As during the first year of the existence of this asylum the reception of chronic patients much influenced the results, and also as there was no report printed, I simply give the results contained in the ten yearly reports drawn up and

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

By J. Y. TOTHERICK, M.D. ST. AND., M.R.C.P. EDIN.,
PHYSICIAN TO THE WOLVERHAMPTON AND STAFFORDSHIRE
GENERAL HOSPITAL.

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.