

vented this tendency from displaying itself with any seriousness or determination of purpose.

From an early period in the history of this case, it was observed that the symptoms displayed an aggravation every alternate day. This gradually became more and more marked, and for the last 18 months the symptoms above described have become distinctly periodic. On each alternate day, the patient is affected in the manner just described, and will neither eat, sleep, nor walk, but continues incessantly turning the leaves of a Bible, and complaining piteously of his misery. On the intermediate days, he is, comparatively speaking, quite well, enters into the domestic duties of his family, eats heartily, walks out, transacts business, assures every one he is quite well, and appears to entertain no apprehension of a return of his complaints.

What is chiefly remarkable and interesting in the present features of the case, is the sort of double existence which the individual appears to have. On those days on which he is affected with his malady, he appears to have no remembrance whatever of the previous or of any former day on which he was comparatively well, nor of any of the engagements of those days;—he cannot tell whether he was out, nor what he did, nor whom he saw, nor any transaction in which he was occupied. Neither does he anticipate any amendment on the succeeding day, but contemplates the future with unmitigated despondency. On the intermediate days, on the other hand, he asserts that he is quite well, denies that he has any complaints, or at least evades any reference to them; appears satisfied that he was as well the previous day as he then is, asserts that he was out, and that he has no particular complaints. On that day he transacts business, takes food and exercise, and appears in every respect rational and free from any illusions or despondency; anticipates no return of illness, and persists in making engagements for the next day for the transaction of business, although reminded and assured that he will be unfit for attending to them. On those days he distinctly remembers the transactions of previous days on which he was well, but appears to have little or no recollection of the occurrences of the days on which he was ill. He appears, in short, to have a double consciousness—a sort of twofold existence—one half of which he spends in the rational enjoyment of life and discharge of his duties; and the other, in a state of hopeless hypochondriacism, amounting almost to complete mental aberration.

An endless variety of remedies have been used in the treatment of this case, and among others, those which are believed to be useful in periodic affections, but without marked benefit. The patient has obtained considerable advantage from change of scene and exercise in the open air. But the friends by whom he is surrounded, have not sufficient control over him to carry out those regulations as to diet, exercise, habits, and employment, which should form the most essential parts of the treatment; and circumstances have hitherto prevented his being placed under more efficient control.

21. *Case of Hæus—a portion of Intestine discharged by stool.*—The annals of our science contain a large number of cases of intussusception of the intestines, in which the intussuscepted portion has sloughed off, and been discharged by stool; still the following one, related by Dr. NAGEL, of Lemberg, in *Oesterreichische Med. Wochens.*, and copied in the *Gazette Médicale*, 31st of May, 1845, may be read with interest.

K. J., a domestic, 21 years of age, robust, always enjoying good health, except frequent attacks of colic within the last few years, was attacked in the night, 12–13 Feb., 1843, with violent pain in the lower part of the abdomen, accompanied with shivering, frequent vomiting and purging. On admission into the hospital, on the morning of the 13th, he was in the following state: Head hot and painful; tongue foul; thirst; abdomen swollen, and tender to the touch; skin dry; pulse full, hard and frequent; vomiting, with watery stools, tinged with blood. (Antiphlogistic treatment.)

The symptoms continued much the same till the 16th, when they diminished in intensity, and the stools were no longer tinged with blood.

On the 19th, there was violent tenesmus, accompanied, on the 23d, with prolapsus of a portion of intestine, which, however, was easily reduced without causing pain.

On the 26th, the patient, free from fever, and altogether in a satisfactory state, passed by stool, a portion of intestine, 20 inches long, and at some points 2 inches broad; it consisted of a portion of the ilium, the cecum, appendix vermiformis, the whole of the ascending colon, and a portion of the transverse. The mucous membrane was everted, of a brownish colour, striated with black, especially at the cecum; it was soft, and easily removed; the peritoneal coat was likewise of a brown colour, and corroded, leaving bare the muscular coat, which was also destroyed at some points; for some days after, there was slight pain at the lower part of the abdomen; but on the 23d March, the patient left the hospital perfectly cured.

22. *Case of Intussusception, in which the intussuscepted portion of bowel sloughed away, and was voided by the Rectum.—Recovery.* J. S. JEAFFERSON, Esq., communicated to the Royal Medico-Chirurgical Society (May 27th, 1845), the case of a youth 17 years of age to whom he was called on the 26th May, 1844. The patient was labouring under general febrile symptoms; there was an anxious expression of countenance; the abdomen not tender on pressure, but becoming tympanitic. Nothing could be retained on the stomach; the matters vomited had a grass-green appearance. There was painful tenesmus, but no evacuations. Calomel and opium, purgatives of senna, croton-oil, &c., with turpentine clysters, were used up to the 28th, without success. On that day, the author considered that decided symptoms of inflammation of the bowel and peritoneum had set in. The belly was generally tender, especially in the left hypochondrium, where a distinct hard tumefaction was observed. Leeches, fomentations, &c., were used in addition to the other means, but no evacuations took place till the 31st, when there were very copious and offensive discharges from the bowels, and the vomiting ceased. From this date the patient gradually recovered. Copious evacuations took place, charged with gelatinous-looking mucus, and on one occasion a small quantity of blood.

On the 8th of June, there was discharged from the bowels what the author supposed to be either a portion of the small intestine, or a cast of it (of coagulable lymph); it was about 2½ or 3 inches in length, and of a tubular form; smelt horribly putrid, and one or two minute points presented the appearance of sphacelus. After this, with some slight interruption, the patient recovered.

The substance voided was examined under the microscope by Mr. Taynbee, who stated that he found cellular tissue, traces of blood-vessels and nerves, and epithelium. Mr. Dalrymple, who also examined it, thought that involuntary muscular fibre might also be detected, but could not speak positively, from the preparation having been placed in spirits of wine for some time.

The author draws attention to one point in the treatment, viz., the abstinence from any active depletion on the 28th, when symptoms of inflammation had decidedly set in. At this period, he observes, a free evacuation of blood would probably have reduced the inflammatory action, and relieved the immediate sufferings of the patient; but it might also have masked the symptoms, and checked the reparative processes of adhesive inflammation, on which the recovery of the patient depended.—*Lond. Med. Gazette*, June 6, 1844.

[In the discussion which followed the reading of this paper, Dr. Webster stated that he had met with an instance in which twenty-five inches of intestine came away, and the patient recovered. In the *Edinburgh Medical and Surgical Journal* for October, 1835, there is an abstract drawn up by Dr. Wm. Thomson, of 35 cases in which a portion of the cylinder of the intestinal canal had become detached and been discharged by stool. See also the preceding article.]

23. *Sulphate of Bebeerine in Intermittent Headache.*—Dr. GAMMON stated to the Medico-Chirurgical Society of Edinburgh that he had recently been very successful in treating a case of intermittent headache with the sulphate of bebeerine. The subject was a young and recently married lady. There were some reasons to suspect that she might be pregnant. The fits of pain were of daily recurrence and came on nearly at the same time. The pain when at its greatest height was excruciating. The paroxysm was succeeded by an interval of total exemption from pain. He proposed the quinine; but found that his patient had the greatest objection to it, on account of the disagreeable sensations in her head which she