

ample. She cried out with pain, wept abundantly, and thought she saw the blood flow; but almost at the same moment she understood it was a fiction, and laughed through her tears. Often also, when one makes imaginary voyages with hypnotised subjects, they know full well they are on their own couch or in their bed, and yet they see the regions where we have had the fancy to lead them; just as in ordinary sleep, we find ourselves transported into far off countries, without forgetting, however, that we are tranquilly asleep in our own room.

However seldom one may have been present with some case at the gymnastic performances which the professed magnetisers present to the public, one is convinced, on the one hand, that the *subjects* are, indeed, hypnotised; on the other hand, that they also practise trickeries. There are somnambulists who simulate. These two terms are not contradictory, as might be wrongly supposed. In fact, a hypnotised woman does not so far differ from the condition of her waking state that she cannot understand her situation, reflect, and simulate. She is hypnotised, as all the physiological phenomena she presents show (catalepsy, contraction, anæsthesia, fibrillar movement of the eyelids, movements of the eyes, suppression of movements of deglutition). But whilst being indeed asleep she plays her part—tries to divine the future; to read distinctly in the body of the patients who consult her; to divine, by a lock of hair, the age, the character, or the health of anybody. These divinations form part of her trade. She knows it, and conforms to it. She is, however, really asleep, and it is, indeed, owing to somnambulism that she can perform all these practices. If she were awakened she would be forced to expend prodigious mental activity, and to support unbearable muscular fatigue. We have seen *imbeciles* simulate madness, just as there are somnambulists (really hypnotised) who simulate lucid sleep. It would require prodigies of dexterity, and the muscular force of an athlete, to go through half the astonishing exercises which a somnambulist can easily perform, thanks to the cataleptic state of her muscles. The famous Lucile, whom everyone saw at Paris, two or three years ago was really hypnotised. But, although hypnotised, she well knew that she was on the stage playing her part before the public, and succeeded in her tricks with the regularity of an actress who plies her profession honestly.

All these characters—diversity, inconstancy, irregularity—are perfectly explained by the prodigious complexity of the phenomena of that mystery—the mind. The brain is a mechanism a thousand times more complex than a flute, and yet an ignorant person could not play on this instrument if he had not previously learnt how to handle it. “You would play upon me,” says Hamlet to the emissary of the king, his uncle—“you would seem to know my stops; you would pluck out the heart of my mystery; you would sound me from my lowest note to the top of my compass; and there is much music, excellent voice, in this little organ; yet cannot you make it speak? ‘Sblood, do you think I am easier to be played on than a pipe?’”

These words of Hamlet may be addressed to those who find the psychical phenomena of somnambulism too inconstant to be scientific. Suppose fifty inexperienced individuals attempting to play the same air on the same flute; they only elicit discordant and rude sounds in fifty different times. Why, then, be astonished that physicians or observers, all very ignorant of the intimate nature of the nervous system, only obtain contradictory results? To my thinking it is more surprising that, in spite of our profound ignorance, in spite of the almost infinite diversity of the experimental conditions, there is yet so much analogy between the phenomena observed. We ought to be really struck by the resemblances rather than the differences, for the latter are of small account relatively to what they might be. For my part, proceeding always in the same manner, I have invariably obtained sufficiently concordant results, in spite of the enormous differences in the subjects submitted to experiment.

The differing aspects of the same disease are sometimes more marked than the different aspects of somnambulism. Besides, why not compare it to a disease? It has a period of onset, a stationary period, and a critical period, constant fundamental symptoms, and accessory or inconstant symptoms. It always resembles itself.

To sum up, it can be proved that somnambulism is a real fact, if not by an absolute proof, at least by the whole of the proofs which plainly demonstrate that the hypothesis of simulation is absurd. Scientific scepticism is an excellent

method, but it must not be pushed to the point that everything is either illusion or deception. To admit that hundreds of observers, ordinarily sagacious and reserved, have allowed themselves to be deceived by mystifications, that these mystifications are being incessantly practised, bringing no gain but unbearable vexation to those who play with them, and to suppose that this pleasantry may be repeated, without modification, for a century, in most diverse countries, is to fall into an excess of prudence. For every man who has examined the question it is as absurd to doubt the reality of somnambulism as the reality of epilepsy. After all, if there are still people who hesitate, let them see for themselves, let them study, let them experiment, they will soon be convinced that their doubt is not justified, so clear and striking are the facts, so much do they overcome all hesitation by their greater force.

CASE OF STRYCHNINE POISONING TREATED SUCCESSFULLY WITH BROMIDE OF POTASSIUM AND CHLORAL.

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THE following case occurred some years ago, but for obvious reasons I have been unable to send it for publication until the present time. The facts of the case are as follows:—

At an institution with which I was connected there was a stock mixture kept, containing bicarbonate of soda 10 grs., carbonate of ammonia 3 grs., ammonio-citrate of iron 5 grs., and solution of strychnia 5 minims, in an ounce of water. This mixture was frequently ordered for out-patients in cases of atonic dyspepsia.

One morning, after seeing the out-patients, I happened to walk into the dispensary and sat down at the dispenser's desk, he having gone out; whilst writing some memoranda my eye was caught by a pencil statement on the blotting paper of a calculation of the contents of the stock bottle containing the mixture of citrate of iron and strychnia, and I noticed that in jotting down the whole amount of each constituent the dispenser had substituted ounces for drachms of the solution of strychnia. I sent for the dispenser at once, and on tasting the contents of the stock bottle it was evident that the mistake had been made, and three lots of about half a pint each had been given out. The dispenser explained that whilst giving out the medicines the stock bottle ran short, and he proceeded to refill it, making it up whilst a number of patients were waiting, and in his hurry the mistake occurred. After taxing our memories as to which patients were taking the mixture, we were able to find out the new ones, but not all those to whom it had been repeated. We went to the addresses of all we could find, and under some pretext got the medicine back, but after all it was evident that one, perhaps two, still remained, and these we were unable to trace.

Finding there was no help for it I set to work, so as to be prepared, and remained in-doors all day. After much consideration and consulting the books I had, I resolved to rely upon bromide of potassium and chloral, as being the drugs which in their action were most antagonistic to strychnia. I therefore prepared some strong solutions and waited events.

About ten o'clock a message came to ask me to go and see Mrs. C—, who was having very bad fits. I at once put the remedies in my pocket, with a bottle of chloroform, and, accompanied by a medical friend to whom I had related the circumstances, started off to the address of Mrs. C—, whom I at once recollected as a patient who had been taking the citrate of iron and strychnia mixture.

From the person who came (a half-witted woman, the sister of the patient) I learnt that Mrs. C— had been out at work in the open air all day, and coming home between five and six had her tea, and some time after tea took a good dose of medicine; in the evening, while standing at the door of the place she lived in, she fell down in a fit and had had them ever since, and was then said to be dying. The messenger had been to a doctor in her neighbourhood, who had refused to go. She was much excited when she came for me, and declared her sister had been poisoned. As far as I

could gather, some two or three hours or more had elapsed from the time her sister had taken the medicine to the time she was taken ill, and the fits had been increasing in frequency and strength during the past hour.

On arriving at the house I found the patient, a woman of about fifty years of age, lying on a mattress upon the floor, unable to speak and perfectly rigid, and in a condition of constantly recurring opisthotonos, the convulsions succeeding one another with great rapidity, with all the appearances of acute strychnia poisoning. The pulse was slightly quickened, but otherwise fair. As soon as the jaws were relaxed, I administered half an ounce of bromide of potassium in solution with one drachm of chloral. After a quarter of an hour the spasms began to materially abate, and the muscles relaxed in a marked degree. I then administered another half ounce of bromide in solution, and in half an hour there was almost perfect relaxation, with slight spasms recurring at much longer intervals. After remaining with the patient for some time, and finding the spasms did not recur in their intensity, but were becoming much slighter, and only occasional, we left, leaving another ounce of bromide to be given in divided doses of two drachms every four hours during the night. We were shown also an old wineglass, with the foot broken off, and told that she had poured out the medicine into this without measuring it, taking nearly or about a full glass, as she said to them "To make up for not taking any during the day." I took away the glass, and afterwards found it contained a full two ounces and a half.

The next day I visited the patient early in the morning, anxious to know the progress of the case. I found her in a very feeble state, and to my surprise quite unable to raise herself, and able hardly to move a muscle; indeed, she seemed like a sheet of wet blotting-paper, and was almost completely paralysed; her water had run away in great excess, and a large quantity of liquid fæces. Her pulse was slow and markedly feeble. She had taken half of the quantity of bromide left. I stopped its administration, and ordered strong beef-tea and milk with a little brandy at frequent intervals. On the evening of the same day there was little alteration.

From this time she progressed towards convalescence very slowly and gradually, her recovery being much retarded owing to the inability of her friends to obtain sufficient and proper nourishment. After three days she was able to raise herself, and had regained power over the sphincters, and on the fifth day was able to sit up. She was then removed to the union house, where she rapidly recovered.

The woman must have taken, from the size of the glass she used, fully two ounces of the wrong mixture, each ounce containing forty minims of liq. strychniæ, P.B.—that is, eighty minims in all, nearly three-quarters of a grain of strychnia. I have not been able to find any record of the administration of so large a dose of bromide of potassium, but it appeared to me necessary to give as large a dose as possible, inasmuch as the poison had been in the stomach for a considerable time, and it had all, or nearly all, been absorbed. The symptoms had been increasing in severity, and from their intensity were evidently attaining their maximum, and must have soon produced death by interference with the function of respiration, so that to give smaller divided doses would have been useless. The effect of the first dose was remarkably complete, temporary muscular relaxation occurring in about twenty minutes, and the succeeding convulsions becoming rapidly altered in character.

I believe that the complete muscular paralysis which occurred, and was so slowly recovered from, was owing to the partial abolition of the functions of the spinal cord, caused by the exhibition of the remedy, and was not due to nerve or muscular exhaustion consequent upon the extreme excitation and activity induced by the poison.

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LIFEBOAT SERVICES IN 1880.—A list of the services rendered to shipwrecked crews by the lifeboats of the National Institution during the storms of the year which has just closed, shows a total of 577 lives and 27 vessels saved from destruction. In the same period the Lifeboat Institution granted rewards for saving 120 lives by fishing and other boats, making a total of 697 lives saved. Since its formation the society has contributed to the rescue of 27,600 shipwrecked persons.

CASE OF RECURRENT PEMPHIGUS PRURIGINOSUS FOLLOWING CHECKING OF THE MENSES.

By W. A. DUNCAN, M.D.

MISS B—, aged twenty-five, has always had good health. First began to menstruate when fourteen and a half years old; since then "the periods" have appeared regularly every month.

On July 28th, whilst out walking, was caught in a storm and got wet through; the same night she felt chilly and languid.

Next morning (29th) patient noticed that the menses, which had commenced the previous day, were stopped. She now complained of headache, nausea, and general malaise, together with a peculiar tingling sensation in both hands. These symptoms continued till August 1st, when I perceived numerous small round papules on the palmar aspects of both hands, and also on the sides of all the fingers. The hands were somewhat swollen and slightly œdematous, but the skin was not inflamed. The sensation of pricking and tension was so great that the patient could obtain no sleep without the aid of a morphia draught. A saline mixture was ordered every three hours, and a lead lotion (1 in 20) to be kept constantly applied to the affected parts.

On Aug. 2nd the papules had developed into vesicles, which, in irregular groups, were situated most accurately over the course of the median and ulnar nerves on the palms and fingers; even the small palmar cutaneous branches of both these nerves over the anterior annular ligaments had their appropriate vesicles. The swelling and œdema were more marked, and there was intense irritation and pricking.

Next day (Aug. 3rd) the vesicles along the sides of the fingers had developed into round bullæ, from a quarter of an inch to half an inch in diameter, and from their size they caused the fingers to become widely separated. On pricking these bullæ decided relief was obtained, and a perfectly clear, colourless fluid escaped; in some, however, the contents, though perfectly transparent, were of more consistence, as only a slight amount of fluid followed the puncture. On the palms the bullæ were much less developed, the largest being about the size of a pea, and the patient complained of great pain in them. "As if the palms would burst," she said. The lead lotion was therefore discontinued, and both hands were ordered to be enveloped in large bread poultices, and the morphia draught to be repeated if necessary.

Aug. 4.—Patient passed a better night; did not require the draught. The feeling of tension is much relieved, doubtless due to the poultices softening the epidermis. The bullæ on palms more developed, and several were punctured to allow the fluid (which was in each one colourless) to escape. The swelling and œdema still considerable. To continue poultices.

8th.—Patient expresses herself as altogether better, though there is still great irritation of the hands. Ordered to take a mixture containing bromide of potassium and liquid extract of bark thrice daily, to discontinue poultices, and apply constantly a lead and belladonna lotion; daily carriage exercise was also enjoined. Under this treatment the irritation and swelling gradually subsided, and on the 14th the hands and fingers were of natural size, and the skin was peeling off.

18th.—Palmar surface of both hands and fingers now denuded of old skin, exposing the new epidermis of a reddish colour, which itches excessively. The parts were ordered to be painted with a lotion consisting of equal parts of glycerole of lead and vaseline.

23rd.—Patient altogether better. Very little irritation.

25th.—Menstruating.

27th.—Although every possible care was taken to avoid catching cold, "the period" again stopped suddenly last evening; and on my visit to-day the patient (after passing a restless night) is not so well. Several papules appear on the sides of the fingers, and a few on the palms. The swelling and irritation are not so severe as on the first attack. Ordered an effervescent saline mixture, and the lead and belladonna lotion.

The further progress of this case is briefly as follows:—