

practitioners, I am not disposed to recommend it to you, unless the habit of the patient display such a phlogistic diathesis as would authorise repeated venesection in any other inflammatory affection. In this hospital, numerous instances have presented themselves to demonstrate the superior advantage of following a single bleeding with calomel and tartar emetic, to the repeated use of the lancet. Tartar emetic, administered alone, has not produced those beneficial effects in erysipelas which follow its employment after bleeding in pulmonary affections; and, when it is administered in large doses, it has proved rather hurtful than beneficial; whilst, in small doses, in combination with calomel, when the bowels are not in a very irritable condition, it aids greatly the action of the calomel in diminishing the inflammatory symptoms. These opposite effects of tartar emetic, in large and in small doses; and when administered alone, and combined with calomel, are readily understood, if the view of the action of tartar emetic which I have frequently presented to you in this place, be admitted—namely, that in large doses it is not absorbed, but acts upon the mucous membrane as a counter-irritant. If this opinion be correct, it is evident that, as the sympathy between the mucous membrane and the skin is considerable, erythematic inflammation set up in the former would not be likely to benefit an erysipelatous condition of the latter. In confirmation of this opinion I may quote the observation of Broussais, that besides the pulmonary and cerebral congestion which erysipelas of the head and face in particular induces, it also “causes very intense *gastro-enterite*.” How far a repetition of the venesection would have checked the progress of the disease in Lewis’s case, I shall not pretend to say, but I was restrained from resorting to it, owing to the great debility which was present. On the fourth day afterwards, also, the inflammation was much reduced, and no vesications remained, although the eruption continued to extend, as I have already stated. Another reason for not repeating the venesection was the extremely irritable state of the surface which supervened, accompanied by much tremulousness of the tongue, when it was protruded. In the treatment of erysipelas of the head, many practitioners employ the cinchona bark after the use of purgatives and diaphoretics. Others, again, prescribe the bark only when the gangrenous form of the disease is present. Having early adopted the use of the cinchona bark, whether gangrenous symptoms were or were not present, if the head was affected with erysipelas *œdematodes*, without probably reflecting upon the reasons for its employment, I have continued it ever since, and I have had much cause to be satisfied with its effects. I have, however, for some years past, con-

joined the bark with mercurials; and in almost every case, as soon as the mouth has become sensibly affected, the symptoms have rapidly yielded. I was induced to adopt this practice from having seen the powerful influence of mercurials in arresting the symptoms of typhus; and also from having witnessed its influence in giving energy to the cinchona bark and its salts, in the treatment of intermittents. In Sedgwick’s case the influence of the mercurial action was strikingly demonstrated; as soon as the mouth became tender, the improvement was almost immediate.

Although we have no other means of judging of the constitutional influence of the calomel than by the sensibility of the gums, yet it is by no means necessary to carry the mercurial action to the extent of salivation. The intervals between the doses should be lengthened, or the dose itself diminished. When this caution is neglected, the stomach and bowels become deranged, and the improvement, instead of advancing, is arrested, if bad symptoms do not supervene.

With respect to topical applications, you will find none so serviceable as the solution of the nitrate of silver, in the proportions already stated, when it is painted over the inflamed surface. It rapidly allays the superficial inflammation, whilst its influence, extending generally to the capillaries, restores their normal action; and, if anything can prevent suppuration of the subcutaneous cellular tissue, the nitrate thus used is most likely to effect so desirable an object.

CASE OF

CATALEPSY USHERING IN MANIA
DURING PREGNANCY,

WITH REMARKS.

By MARTIN H. LYNCH, M.D., Newcastle-upon-Tyne.

Mrs. W., of Newcastle, the wife of an artisan, aged 36 years, now in the eighth month of pregnancy, is the subject of this case. Her father and other members of her family had been affected with insanity. Her habits have been regular, she has never suffered from want or anxiety, and has generally enjoyed good health. Her temperament may be designated as sanguineo-nervous; her hair is fair, her cheeks high-coloured, but hollow; she has never had convulsions during childhood, nor has she been attacked at a later period by any of the forms of hysteria, by epilepsy, or by mania. For some time before and since the commencement of pregnancy she had occasional vomiting, and laboured at the same time under dyspeptic symptoms. A few weeks since she was attacked with diarrhoea, which

continued for a considerable time and induced great debility; her evacuations were extremely offensive in smell, and otherwise unhealthy. Having at last placed herself under the care of Mr. W. Dawson, surgeon, of this town, she was judiciously treated by alteratives, tonics, &c., under the influence of which the diarrhoea soon ceased, and she gradually became stronger. On the 19th of May last I first saw her, along with Mr. Dawson, and entered the following report.

At seven o'clock this morning she arose in good health, but soon afterwards, whilst engaged in her domestic concerns, she suddenly complained of pain and a sense of oppression in the epigastrium, and before half a minute had elapsed, she was observed to be speechless, and permanently fixed in one posture; she continued in the same state up to the present moment.

Present state (half-past 9, P.M.)—On being raised in bed remains fixed at any angle, even in such as it would be very difficult for a robust person to maintain himself at; the upper and lower extremities exhibit the cataleptic rigidity, but it is much more marked in the upper; the muscles, flexors and extensors, are hard and prominent; it requires considerable force to alter the degree of flexion of the limbs, which retain any angle to which they are bent; the countenance exhibits an unvarying expression, which may be compared to a bland smile of peculiar character; eyes open, but vacant for the most part, but not always fixed; conjunctiva free from vascularity or suffusion; on being spoken to in a loud voice, she sometimes turns her eyes towards the speaker, but without any expression of intelligence, her head and neck remaining fixed; when the skin is pinched, she does not betray consciousness by her countenance or by wincing; nevertheless, when pressure is made upon the epigastrium she endeavours to push away my hand with her left hand, but the motion is embarrassed and proceeds from the shoulder, whilst the elbow and wrist remain fixed; the left fore-arm is as insensible to pinching as other parts of the body; jaws firmly closed, but can be opened by using very considerable force, and then any liquid poured into the pharynx is readily swallowed; she puts out her tongue if ordered to do so in a loud voice, whilst her lower jaw is maintained depressed; pupils contract on the approach of light; pulse 72, soft and regular; respiration 22, tranquil; impulse of heart natural; epigastric uneasiness extends to the region of the heart, for she endeavours to push away the stethoscope when it is applied there; bowels confined for two days; pulse raised to 90 during the examination. Head to be shaved; cold lotions afterwards; cupping to viii oz. from the neck; turpentine enema immediately; *infus. of valerian*,

1½ oz., every fourth hour; *mercury and chalk*, iv. grains, every fifth hour.

Prognosis.—The friends were informed in reply to their inquiries, that the patient would probably recover from the catalepsy, which would be characterised by *intermissions*, but that we feared the occurrence of mania after delivery.

20 and 21. Cataleptic state continues present *without any intermissions*; muscular rigidity more easily overcome on the morning of the 21st; the eyes have not closed for a moment; bowels have been freely moved; urine is reported to have been passed with the stools; there is no fulness in the pubic region; the pulse is full and has risen to 90, but on the 21st, in the forenoon, was 72. Medicines continued, and in consequence of the vascular excitement ten leeches ordered to be applied behind the ears on the 20th; when the vascular excitement yielded, a blister was applied to the occiput.

21, 3 o'clock, P.M. Pulse 72, feeble; conjunctiva free from injection; skin cool; scalp cool; cataleptic rigidity still present, but muscles are not so firmly contracted; bowels not free since yesterday afternoon. She was ordered quinine, and her bowels to be freed by the enema domesticum.

21, 9 o'clock, P.M. I am informed that between five and six o'clock she recovered the power of speech and voluntary motion, but spoke incoherently at first, that after a little time she became quite rational, conversing upon her affairs, but having no recollection of what occurred during the seizure; she then became again incoherent. *Present state*.—An expression of anxiety and fear has replaced the peculiar smile that was observed during the seizure; continued and incoherent talking in a low and melancholy tone; pulse 76, feeble; skin cool; for some time it was hoped that her incoherence was of an hysterical nature, but we were soon undeceived by the suspicious eye, the dread of conspiracy, &c. The quinine was omitted; we recommended the bowels to be opened daily, and that she should adhere to the antiphlogistic regimen.

On the 25th she was safely delivered of a healthy child, under the care of Mr. Dawson; the insanity still continued; the pulse ranged from 72 to 86, and had been always feeble. After some time she was admitted into the Bath-lane Lunatic Asylum, my attendance having ceased before her accouchement.

Mr. Mackintosh, the resident medical officer of the asylum, had the goodness to favour me with the following account of the progress and termination of the case.

Mary Wilson, æt. 34, admitted into the Newcastle Lunatic Asylum on 19th June, 1838, reported to be labouring under puerperal mania. She was pale and feeble on admission, but her health was tolerably good; her milk was troublesome, and was

suppressed by purgatives; her insanity was continued melancholy, the prominent feature of which was fear, arising from imagined conspiracy; she was excited, but not violent, and never rational; she could not be persuaded to occupy herself with needlework, &c., and her sole occupation was talking unremittingly to every one on the absorbing subject of her difficulties, and the mischievous persons who had brought her into trouble. During the whole period of her residence in the asylum she was fed at every meal, she had no apparent motive for refusing food. Where great mental abstraction exists, food administered against the will rarely nourishes; she lost flesh; had stimulating diet; diarrhoea supervened, which was treated in the usual way, and terminated fatally by exhaustion on the 26th July, the period of her confinement in the asylum being five weeks and three days. There was no post-mortem examination.

REMARKS.

The most contradictory assertions are made by authors with regard to the characters of *true* catalepsy, and the frequency of its occurrence. The most eminent British physicians believe that it is an extremely rare disease in these islands; on the other hand, it is considered on the Continent as by no means so uncommon. Can these conflicting statements be accounted for? I think they can. The French and Germans call by the name of catalepsy certain seizures, which the English look upon as hysterical; it is not, therefore, surprising that the former should lay down that the disease is of frequent occurrence. Joseph Frank, however, must be excepted from the continental writers who hold this opinion,—he does not confound cataleptic hysteria with catalepsy unconnected with hysteria.

Catalepsy has been divided into two species, 1st, The perfect catalepsy, distinguished by total inactivity of the senses; 2ndly, The imperfect, distinguished by partial activity of the senses.

A far more useful division, however, of cataleptic attacks than that into perfect and imperfect, is the following, viz. :—

1st class, containing the cases connected with hysterical diathesis.

2nd class, containing those cases unconnected with the hysterical diathesis. The second class may be subdivided into two orders.

1st. Those that are complicated with other nervous diseases, such as mania, &c.

2ndly. Those which are not complicated (at least manifestly) with any other nervous disorder.

Cases of the first class are almost always imperfect, or, in other words, are characterised by partial activity of the senses. They generally are marked by numerous paroxysms per diem. Cases of the second class are sometimes perfect and sometimes

imperfect; it is not correct to say (with most British writers) that imperfect cases are always of an hysterical origin. A case related by Dr. Lubbock, and quoted in the "Dictionary of Practical Medicine," although imperfect, was in no way connected with the hysterical diathesis. The case of Mrs. W——n is precisely similar. So was (at least in the commencement) a case mentioned in the work of Dr. Burrows on Insanity.

The division suggested above is useful in a practical point of view, by assisting in forming the diagnosis and fixing the treatment. In class No. 1 the prognosis should be favourable, and the treatment of hysteria should be adopted. In class No. 2 the prognosis should be very guarded, as many of these cases prove fatal either during the paroxysm (a case quoted by J. Frank, from Lonceerus), or by the supervention of some other disease of the nervous system, as mania, convulsions, or even apoplexy. The treatment usually recommended in cases unconnected with hysteria, is simply antiphlogistic, leeches, cold to the head, brisk purging, &c.; nevertheless, I believe that some cases may be benefitted by a very different management.

Mrs. W——n exhibited, for a very short time only, symptoms of vascular excitement with determination to the head; these symptoms were quickly subdued by a few leeches, &c. Except during this temporary excitement, her pulse was feeble, and of the natural frequency, the action of her heart natural, her eyes free from injection. Should I again meet with such a case I should be inclined to dismiss my respect for authority, and exhibit wine in moderate quantity, with full doses of opium, adding purgatives and alterative doses of mercury. The state of the circulation and of the system generally being somewhat similar to what is observed in asthenic delirium tremens, such treatment might be followed by favourable results,—by the resolution of the muscular rigidity, the induction of sleep and the prevention of mania.

Should we not consider Mrs. W——n as presenting, during the seizure, that state of *vigilia* which so often precedes mania? Her eyes never closed, and it seems to me that her mind, almost wholly abstracted from what passed around, was engaged in reveries connected with the subject of her subsequent maniacal delirium. It is remarkable that, notwithstanding the rigidity and loss of muscular power in the trunk and extremities, there remained voluntary power over the muscles of the tongue. The act of deglutition was nothing more than an exercise of the excito-motory function of the true spinal system.

Except in the case before alluded to, as related in the work of Burrows, the cataleptic paroxysm has not been known to con-

tinue for more than eighteen hours. Mrs. W——n remained in the paroxysm 59 hours without any *intermission*.

Notwithstanding the partial existence of perception and voluntary power, Mrs. W——n had no recollection of what passed during the paroxysm. May this be attributed to mental abstraction produced by deep and morbid reverie?

The above-mentioned instance, quoted from Burrows, occurred *during* insanity, in a female 22 years old; the same author related two similar cases in males.

I know of only one other instance besides that of Mrs. W——n, in which catalepsy was the *forerunner* of mania; it is quoted by Joseph Frank, from Marcellus Donatus:—"The patient was a man aged 80, in whom the disease was produced by the remorse and terror inspired by a sermon; he was seized at the church-door; the paroxysm lasted a quarter of an hour; on recovery he remained for some days dejected, when mania broke out. Being submitted to treatment, he recovered in a fortnight." No further particulars are given.

CURE OF TIC DOULOUREUX BY STEAM.

To the Editor of THE LANCET.

SIR:—Having been much employed for nearly two years past in the application of simple and medicated vapour to the cure of local diseases, by means of an apparatus by which the vapour is applied to the *part affected alone*, and having succeeded to my most sanguine expectations, I have been induced to try its effects in some diseases of a different character, in which I have also been successful. The following case affords an instance in illustration. I remain, Sir, &c.

W. BAIRD, Surgeon.

1, Kingsland-road, Jan. 16, 1839.

Mrs. S., aged 23, of a peculiarly delicate constitution and fragile appearance, sent, on the evening of the 9th of November, requesting me to visit her immediately. Upon arriving at her house, I found her suffering from most excruciating pain in the left side of the face, but chiefly in the gums of the lower jaw, and most severe on the right side. The face was somewhat flushed, the gums were hot, red, and slightly swollen, and the pulse was increased in frequency. The pain had come on at 3, P.M., and, with slight remissions, had continued up to the hour when I saw her; the tongue was pretty clean, but showed evident marks of a dyspeptic habit; and there was excessive tenderness in the epigastrium. Mrs. S. has suffered much from ill-health for some years back, and upon inquiry I found that the ex-

treme tenderness of the epigastric region had existed for years, but had apparently never been made the object of medical treatment. When young at school she had been dreadfully frightened by a trick of some of her schoolfellows, which threw her at the time into convulsions, and rendered her insensible for some days. Since then she has almost always been what is called nervous, suffering, especially for some years past, from a sense of sinking at the epigastrium, with great tenderness there, and frequent flutterings, while any sudden noise would make her start, and throw her into a general tremor. She has not been able to go up at night alone to the top rooms of the house, from sheer involuntary terror, and she frequently awakes in sudden frights. In the course of treatment for her previous disorders, under the able care of two or three medical men of some repute, she had taken considerable quantities of mercury, which, from her statement, never agreed with her, and to which she attributes the decay of her three middle molar teeth, on both sides of both upper and lower jaws. In the beginning of October she began to suffer pain in the jaws, which she attributed to this state of her teeth, and for which she had various applications from several dentists, as well as from myself, but without any good effect, even of a temporary nature; the only thing which ever seemed to give relief being the abstraction of a little blood from the gums by the lancet.

On the 1st of November she applied to me in the evening, complaining of acute pain in the left eye, coming in sudden severe shoots, with slight remissions; the pain commenced at about 3, P.M., and extended all round the eye, which was very intolerant of light; it was attended with some heat of skin and a very slight tumefaction. Leeches were applied, and hot fomentations were used, but with little or no effect; the pain, however, ceased during the night, apparently of itself, but returned next afternoon, with equal severity. Leeches and fomentations were again resorted to, without success, but the pain yielded speedily to a lotion composed of sulphate of zinc and acetate of lead, and did not return. She remained pretty free from complaints from this time until the 9th of November, when I was sent for, and found her suffering as above described; her gums were freely scarified by the lancet, which gave relief very soon to the agonising pain she had endured for some hours, and she had then an anodyne draught prescribed for her, to be taken immediately.

Upon visiting her next morning, 10th Nov., I found her much better, but not altogether free from pain. As it was now a decided case of neuralgia, I commenced treating her with sulphate of quinine and carbonate of iron. The paroxysm returned, however, at the same time as yesterday (3, P.M.),