After the difficulty of walking had lasted two or three years, I was inclined to believe that there must be some sclerosis of the pyramidal tracts in addition to the evident hysteria; for hysteria is no bar to serious organic disease, and often coexists with it; as I hope to show shortly by a series of cases, in one of which a lady, with the most unquestionable hysteria of many years' standing, died of subacute myelitis.

However, in the beginning of this year (1887) the patient attended a service in his parish church in a village in the county, and heard a sermon on "faith-healing." After the service he threw away his crutches, told the clergyman he would never see him with his crutches again, for he was cured by the grace of God, and could walk. He walked home, a distance of three-quarters of a mile, without assistance, rapidly regained strength in his legs, and within a week or two could walk two or three miles at a time. I saw him at the end of a fortnight, and he still walked rather stiffly, chiefly from the hips, putting the feet down flat. He said that he felt he had lost the proper spring in walking. He was in a state of great religious excitement, as may be judged by the following remarkable, rambling letter, which I received after he had promised to come to the hospital to let me examine carefully the condition of his muscles and reflexes, and ascertain by measurement whether there was, as he stated, considerable wasting of one leg.

"You will, no doubt, feel disappointed at me not coming to the hospital this morning, but I feel now, by the spirit of God, that I am not to let man measure nor interfere with God's work, as I know he himself has completed the work. Please read Luke, chap. 20, right through, and may God give you a right understanding of His almighty power, as He has done for me, and we know He is the greatest physician.—I remain, yours truly, ————, in the fear of the Lord, but the Lord says we must be born again."

Notwithstanding this I went to see him next morning, and after a little trouble induced him to let me make an incomplete examination. During his illness he says his legs were cold to the touch, but he had no subjective feeling of coldness in them, and never felt cold. Now the extremities are warm to the touch, but he feels the cold very much. A month ago he could not cross one leg over the other, move his legs in any desired direction, or place them in any special position. There was complete inco-ordination with spasm; now he can cross his legs readily. The knee-jerk is now present on both sides, though rather weak. There is some wasting of the muscles of the left thigh and leg; they feel lax and flabby to the touch, and the limb looks wasted. On careful measurement there is a difference of half an inch in the calves and three-quarters of an inch in the lower part of the thigh, the left limb being the smaller. Sensation is now normal. He states that previously sensation to touch and to pain was diminished, especially in the left leg. This was not so when he was in the hospital in 1881.

I saw him again in October, 1887, and he had continued well. He was looking better in the face, and had gained flesh. He has muscular arms and legs, and in June walked ten miles without resting, and during the week walked eighty miles. The measurement of both legs is now equal. He says he feels much stronger, and "as if the different parts of his body were working better together." His mental condition has greatly improved, and is more stable. He has been doing some work as a cabinet maker. I have every reason to believe that there has not been any wilful imposition during the course of the case.

I have at the present time under observation an almost exactly similar condition of "spastic paraplegia" in a girl, aged 20, where all the signs of lateral sclerosis are present. It has already lasted three years, and has hitherto proved quite intractable to every variety of treatment. There is, in addition to the paraplegia, incomplete incontinence of urine. This condition was markedly aggravated by atropine or belladonna given in any form, even when the patient did not know she was taking the same medicine which had increased the incontinence before. It was given in the hope of improving the condition of the cord, but could not be persevered with because, in addition to increasing the urinary incontinence, it caused inefficiency of the anal sphincter. Atropine was given on many different occasions, and the result of it could not be doubtful. It was not given in sufficient doses to affect the pupil to any extent.

The patient's sister has definite hysterical fits, and the patient herself is markedly emotional, so that one is led to believe, especially after the experience of the above case, that the affection is mainly, if not entirely, hysterical. Somewhat allied to "hysteria," and showing the close connection that sometimes subsists with epilepsy, is the following case, which I used to see at intervals a few years ago.

A man, aged about 37, a working lacemaker and a confirmed epileptic, was brought to the hospital one night by two policemen. He had a rope twisted round his neck, and one of the policemen held the rope, which he could tighten by twisting at pleasure. The man was barking like a dog, and when set free went on all fours and tried to bite the legs of those standing by. On account of his persistent efforts to bite, he had been somewhat roughly handled by those in charge of him, and it was evident that he was not voluntarily playing a joke. He was speedily cured by a cold bath. He was brought up on several subsequent occasions in a state of great excitement, but without the above serio-comic proceeding. These states of excitement usually followed, sometimes preceded, and occasionally replaced, an epileptic fit, as is often observed in other cases. On none of the other occasions was the excitement so like "hysteria," and though he frequently attempted to bite, he did not again "bark" or imitate a dog.

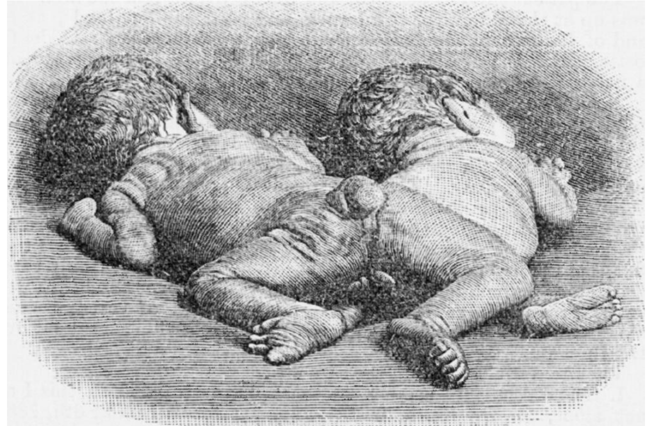
PECULIAR CASE OF TRIPLETS. (A double monster)

By HERBERT JAMES ILOTT, M.D.Aberd., Bromley, Kent.

Mrs. G., aged 30, was taken in labour in her fifth pregnancy on September 21st. The waters were discharged at 3 A.M., and pains continued throughout the day. At 7 P.M. she was seen by Dr. H. J. Clements, acting as *locum tenens* for my partner, Dr. Beeby. I arrived shortly before 8 P.M., and found that the head and shoulders of a child were born, and that difficulty had been experienced in effecting further delivery.

I then took charge of the case, and after applying traction and leverage from before backwards and in the opposite direction, I effected a further descent, and found that the cause of the obstruction to delivery consisted in the fact that the body of a second fœtus was united to the side of the pelvis and sacrum of the first. The legs were bent up along the sacral curve, and the arms extended above the head behind the pubes. I effected delivery by drawing down the legs, and subsequently the arms, and finally the head. The children were alive, and cried, though not strongly. After securing and dividing the cords I again examined, and found a tense bag of membranes presenting. On rupture I found I had to deal with a breech presentation. This was after a short interval delivered, the pains being aided by traction with the finger bent over the thighs. The child was a small, well developed female, with no abnormal feature.

On examination of the first delivered double fœtus it was found to present the following peculiarities. The bodies were normal to below the level of the umbilicus. They were then fused by a broad junction 3 inches from above downwards and 2½ inches from before backwards, resulting from the union of the left sides of the iliac bones and the sacral vertebræ, the two vertebral columns converging together.



At the junction was a small spina bifida, with thin skin covering the bulging membranes of the cord. Anteriorly, below the union of the opposite sides of the pelvis was an elevated cutaneous fold. Below this were two nymphæ terminating in two rounded cutaneous folds answering to labia majora. On closer examination a second and smaller set of nymphæ internal to the first named were seen, and between these the orifices of a double vagina. Into one of these a probe passed for the distance of 1¼ inch, into the other to a somewhat less extent; superiorly was a vestibule with a small papilla, which was imperforate. There was no clitoris; a shallow groove led

from below the double vagina to a small anal orifice. A complete septum appeared to exist between the vaginal canals, and another between them and the rectum. The four inferior extremities were normal.

The placenta, which was readily extracted, was large and single. From the centre of the mass sprang an umbilical cord, which about two inches from the origin divided into two branches, one passing to each umbilicus. The other cord was inserted on the lateral edge. In the membranes there was one large compartment in which the double fœtus was contained, and a second smaller which held the last born fœtus. The double fœtus weighed 6 lbs. 13 ozs., the single 4 lbs.

In the after progress of the case it soon became evident that the malformed children were not likely to survive. Their cry became more feeble, and, though carefully tended and fed, they vomited their food and atrophied. Meconium continued to pass, though I could not ascertain that any urine was discharged. They died at 8 P.M. on Saturday, September 24th.

It is worthy of note that the mother's parents were first cousins; one of the mother's sisters is the inmate of an asylum on account of congenital idiocy; another sister is of weak intellect. The mother herself is of a nervous temperament, and in her first pregnancy suffered from puerperal convulsions. She herself alleges that she sustained a shock in early pregnancy by seeing a collision between two carts. She was unusually large during the latter period of gestation, and for three weeks before labour set in suffered much grinding pain and bearing down.

The double fœtus and the placenta are in the hands of the Curator of the College of Surgeons for preparation and addition to the Museum. The College Museum possesses a wooden model of a similar malformation, but no actual specimen. The third child was born alive, and still survives.

THERAPEUTIC MEMORANDA.

DIPHTHERIA.

RECENTLY published memoranda suggest the following notes. Gargling in diphtheria, as in all acutely inflamed conditions of the throat, is surely to be avoided if possible. Physiological rest for inflamed parts is usually regarded as a cardinal point in therapeutics; the art of gargling involves violent exertion of the muscular apparatus of the fauces and palate; the routine prescription of a gargle frequently causes patients great suffering, and may, I believe, do absolute harm. There are few if any cases in which all the benefits of topical application are not obtainable by either painting, inhaling, or spray.

There is nothing new or original in my ordinary treatment of diphtheria; but as it has been very successful, I may be excused for describing it. Upon first seeing a case I order salicylic acid, ten to twenty grains, suspended by means of mucilage in half an ounce or an ounce of water, to be taken every two to four hours; if there is much pain, I combine five to ten minims of succus belladonnæ with each dose. In severe cases I give also a mixture of perchloride of iron and quinine, usually one dose after every two of salicylic acid. The acid has answered better than salicylate of soda, especially because, being suspended in mucilage, it adheres to the inflamed surface as it is swallowed, and in mild cases serves all the requirements of a topical application; there is often a little vomiting after the first dose or two, but that soon passes off.

In all cases, except the mildest, one of the following applications has always served me well, namely: 1. Inhalation of eucalyptus oil, ten drops to half a pint of hot water, inhaled for five minutes every hour or two. 2. Spray of sulphurous acid, diluted with about twice its bulk of water; the acid should be freshly prepared, as evidenced by its pungency. 3. Spray of chlorinated soda solution; one part of the *B.P.* solution, with three or four of water.

Whichever spray is used should be applied most assiduously, as often as every hour at first, and it is essential that its administration should be supervised by a thoroughly skilled person; in cases where the upper part of the fauces or the nares are involved the spray should be separately applied to both throat and nostrils.

With young or intractable children, inhaling may be managed by means of a bronchitis kettle, and spraying by a large spray-producer—a steam spray answers best—placed at a sufficient distance to ensure its saturating the child's immediate atmosphere.

The remarkable restorative properties of Warburg's tincture were well shown in one case of severe nasal diphtheria, in a child about 4 years old; the acute inflammatory condition had subsided, there was not much membrane left, the temperature had dropped, the heart's power was decidedly flagging; in fact, the child appeared to be dying from blood-poisoning and exhaustion. He was given ten drops of Warburg's tincture every two hours; he soon began to mend, and, after about six doses, rallied so much as to be pronounced practically out of danger.

Finally, I think that diphtheria, perhaps more than any other acute disease, calls for free alcoholic stimulation, and the most nutritious possible diet from the very first.

E. STANLEY SMITH, M.R.C.S.E., L R.C.P.Ed.
Kensington Gardens Square.

TOXICOLOGICAL MEMORANDA.

POISONOUS FUNGI.

ON August 16th, about 10 A.M., three of my Chinese servants partook of a dish of supposed mushrooms. A. and B. ate them with rice, but C., not feeling hungry, ate only the fungi, and also drank the water in which they were cooked. In about half an hour the three were seized with violent vomiting, purging, and pain in stomach. A mustard emetic was administered. In about an hour's time I saw them and found them all greatly depressed, complaining of giddiness, pain in the stomach, violent vomiting and purging, skin covered with a profuse cold perspiration, pupils contracted, markedly so in C.'s case. Brandy and stimulants were given, and hot bottles were applied to the feet and stomach. A. and B. rallied quickly, and were soon out of danger; but C. continued in a collapsed state, pulse very weak, violent vomiting and purging, profuse salivation, and cold perspiration, feet and hands were cold, and the pupils pin-point; he complained of blindness. A hypodermic injection of ether and a mustard blister were followed by slight rallying. Medication by the mouth failed, owing to the violent sickness. Sp. chlorof. and other sedatives were all rejected. The vomiting continued till the afternoon, when champagne was given and retained. A hypodermic injection of atropine was also given (*B.P.* solution, ♏iij), but as the hypodermic syringe gave way at the mounting, it was rendered useless after the first injection. Towards the evening there was slight improvement, but the pupils still remained contracted, and difficulty of swallowing and dryness of throat were complained of. Pulse slow, 60, and firmer. In the morning he rallied considerably, purging had ceased, and sickness was only occasional. The champagne had been continued in tablespoonful doses all night. Swallowing was improved, and during the day he took egg, brandy and milk, milk and soda, and rice water. This improvement continued till the afternoon, when difficulty of breathing, weakness of pulse, cold perspirations, and vomiting returned. An enema of brandy and beef-tea was given, but rejected. Champagne was rejected, and he gradually sank, death resulting from asthenia about 8 P.M. The pupils remained contracted to the very last; the urine also was completely suppressed. Liq. atrop. was given by the mouth during the day, and once or twice when marked collapse manifested itself occasional enemata of brandy and beef-tea were administered with temporary improvement.

On examining the fungi they resembled small mushrooms, with black and white mottling on the upper surface. The gills were not pink-tinted. They had no unpleasant smell, and were found in the jungle close by under a large tree. When cooked they were said to have had a sweetish taste.

J. P. A. WILSON, L.R.C.P.and S.Ed.,
Johore, near Singapore. Medical Officer to Johore Government.

UNUSUAL CAUSE OF STAINING OF THE SKIN BY NITRATE OF SILVER.

SOME time ago an old woman came under my care at the throat department of the Bristol General Hospital for chronic granular pharyngitis. I noticed that her skin was most characteristically stained by silver. On questioning her, she told me that, whilst she did not remark any discoloration of the skin of her face until her friends had repeatedly called her attention to it, as it got darker she became aware of it, and had watched the colour deepening. She remembered that, some time before the skin became affected, she had had a bad throat, was under the care of a medical man for some time, and had had some "burning stuff" frequently applied. This "burning stuff" was, no doubt, nitrate of silver in solution.

I asked her if she had had stomach troubles, epileptic fits, or other diseases in which the drug might have been used; but she did not appear to have suffered from anything of the sort, and I believe that the swabbing of the throat with a solution of the silver salt, as is done by some practitioners in many throat affections, caused her to absorb a sufficient quantity to tinge the skin.

I do not know of any observation similar to my own, and it appears to me that, whilst she may have swallowed some of the drug and