nerves of the limbs. It is an old opinion, that rheumatism and malarious disorder are in some way allied.

CASE VI. S. A., aged 50, female, married, who had had four miscarriages and three children, was admitted April 9th. She had rheumatic fever six years ago. She has been salivated severely. She is of rather sanguine aspect, and has always been subject to indigestion. The heart is enlarged; it beats in the epigastrium, as well as in the normal site; the sounds are nearly normal. Breathing is easy now; but she is awakened after an hour's sleep at night, with wheezing in the chest—a kind of asthmatic paroxysm. The urine is clear and free. The catamenia ceased suddenly two years ago. The pulse is regular, weak. The tongue is clean. She has some cough and expectoration. There is much leucorrhœa. Under the use of various tonics, latterly three grains of quinine three times daily for nearly fourteen days, she improved much. On June 10th, she reported that she had been going on quite well till May 30th, when there came on a discharge of blood from the left nostril; and the next day she had a sort of fit, in which she was unconscious for an hour. The attack came on suddenly, and was preceded by throbbing of the left side of the head and palpitation. She had now a mucous discharge from the nose, and pain on the left side of the nose, the orbit, and forehead. The pulse was quick; she had no appetite. She felt very weak indeed, and had copious perspiration at times; no chills, but heat-flushes. The bowels were well open. Quinine was continued in four-grain doses three times a day, with twenty minims of tincture of sesquichloride of iron. After four days, this was changed for eight grains of quinine three times a day.

June 21st. She stated that the nasal discharge was what she had most to complain of; it occurred from both nostrils, was bloody, and attended with pain and heat about the bridge. She derived much benefit from the medicine, and was worse if her supply failed her.

June 28th. She was still further improved, and the discharge from the nose was not at all like what it had been. She then quitted London.

REMARKS. This patient's health had no doubt been much impaired by the severe salivation and the miscarriages she had suffered. The attack on May 31st was no doubt one of cerebral congestion, dependent on paralytic dilatation of the carotids and other vessels, chiefly the left. It was similar to apoplectic seizures, referred to by Mr. Martin, at page 204 of his work, where he quotes Dr. Henderson's opinion that the distinction between apoplexy and remittent fever was scarcely possible. The epistaxis and mucous flux were both poured forth from surfaces supplied by ramifications of the paralysed vessels, and probably gave some relief to the cerebral congestion. The nerve-toning action of quinine both relieved the head and diminished very much the morbid flux by lessening the flow of blood to the seat of morbid action.

HYSTERICAL COMA, WITH PARALYSIS.

By JAMES WILLIAMS, M.D., Aspley Guise.

[Read before the South Midland Branch, September 29th, 1857.]

EMMA K., of Aspley Guise, aged 20, daughter of highly scrofulous parents, at the age of fourteen became the subject of scrofulous ophthalmia, which continued some time, and left bad opacities. Soon after this, she had bronchocele, which was treated in the usual manner, and in a few months gradually subsided. This was followed by a loss of voice, which has continued, with some intermissions, until the present time. About this time (1852), mesenteric enlargement came on, rendering the abdomen tense and indurated, interfering very much with the healthy development of the system. These symptoms continued for upwards of two years, with all the usual accompaniments, variable appetite, etc., and torpor of the whole frame, with troublesome hysterical symptoms. After some eighteen months treatment, the tumefaction began to subside; and, at the termination of the period above mentioned, the hysteric fits became gradually of an epileptic character, and on one occasion, during the autumn of 1855, she had as many as eight distinct seizures. After eating a very hearty supper, she had a severe fit, in which the eyes became closed, and articulation totally lost for eighteen weeks; that is, from October 15th, 1855, till the following March 1856.

After Emma K. had been in bed about a month, her sister (who had been consumptive for several years) died. During

her sister's illness, Emma K. lay very still generally, and especially when any one was in the room conversing with her sister. When the consumptive sister was dying, Emma was very restless, but did not notice her death particularly.

When the bell was tolling for Elizabeth's funeral, Emma beat time with the bell; and, when the dead body was removed, she motioned them back towards her with her hand. She also made a mourning noise after the people had left the house, but no articulate sound.

During the whole time (five months) of this partially insensible state, she had occasional fits, and, during the early part of the attack, she passed her motions and urine involuntarily, and seemed to all appearance like a person labouring under the coma attendant upon apoplexy. In the course of six or seven weeks, consciousness gradually returned, and she showed some restlessness upon wishing to pass her motions, and soon after this she would signify her want of food by gnawing her finger; and, if she wanted drink, would lift her hand before her mouth, as we should do in raising a cup.

The catamenia appeared once (and the *first time*) only during the early part of the semi-unconscious state. Blisters were applied to the neck, and the head shaved, with no effect. Other judicious treatment was adopted, but with no beneficial result. Our lamented friend Mr. Thomas Camps, of Fenny Stratford, saw her. He attributed the symptoms to scrofulous taint, and prescribed iodide of potassium; but this made her restless, and it was therefore discontinued.

On one or two occasions, I tried to raise her from the bed, but the body became perfectly rigid, and convulsions were sometimes induced thereby. If an attempt was made to open the eyes, they closed the more violently; scarcely any of the cornea could be seen, from the upraised condition of the eyeball. She would generally put out the tongue when requested to do so, and sometimes nod assent to questions. It may be mentioned that, if the body were raised in bed, and the support for a moment withheld, she fell like a totally inanimate substance.

About a month before she opened her eyes, a seton was inserted in the nape of the neck, and gave no apparent pain. This is also the case in catalepsy, epilepsy, and apoplexy; but in hysteria the patient is conscious, and remembers events. When the seton became inflamed and the discharge established, she manifested uneasiness when it was dressed. After the discharge had been established about a month, with no other apparent change, one eye opened, giving her a very strange appearance. This was on March 12th. Next day, the other eye opened (March 13th); and the next day (14th), she spoke, and afterwards conversed with her mother, having been unable to do either for upwards of five months. She had no recollection of her sister's death, nor indeed of anything that had occurred in the interval, though, as I have shown, she had consciousness generally as regards the mind, except during the first month of her illness, but no physical sensibility as to pain.

After the recovery of her sight and articulation, she gradually improved in other respects, but remained in bed another week. Her legs continue flabby and swollen to this day, and her voice has been lost again nearly twelve months. One eye has a large speck upon it; the mind is weak; and the system generally in a very feeble condition. The bowels are smaller, though still large; and difficulty of swallowing also remains a troublesome symptom, and hard food is much disliked. It should be stated that the various members of the family are below the average standard of intellect.

The foregoing narrative contains much to interest the more philosophical and speculative members of our profession; and I would gladly have entered upon the various connexions with chorea, catalepsy, etc. The field, however, is so wide that, for the present, I must be content with this brief outline of facts.

The reading of this paper elicited considerable discussion, in which cases were quoted bearing upon the hysterical origin of the case. Instances of feigned disease were described, in which some similarity was supposed to exist. The general opinion, however, was, that the case in question was not assumed, but real disease, dependent upon the presence of scrofulous tubercle upon the brain, probably about the crura cerebri and origin of the portio dura, thereby producing and perpetuating irritation to the extremities of the facial nerve, until absorption gradually took place, releasing the patient from the strange vagaries of disordered physiological and pathological conditions.