

noisy in each; but in the first case, while the maniacal frenzy was marked in the early part of the evening, deep coma afterwards overcame it; while in the younger lad (Case II) extreme excitability, peevishness, and fright prevailed; and he even sat up the whole time, with his eyes wide open, although vision was quite lost. The pulse in all was very high and full, about 120 in a minute. The speech in all was confused, and the mind wandering, so that they seemed unconscious of what was said to them. The eyes in all were open, with widely dilated pupils, insensible to a strong light, and in all the cases with complete loss of vision. In all there seemed to be great itching of the nose. In a space of time varying from a quarter of an hour to an hour, they each became unable to stand, and convulsive movements of the limbs came on, intermittent in character, and occurring at variable intervals, induced principally by external impressions, and affecting the upper more than the lower extremities. This was best seen in the second case. The speech then became muttering, unintelligible, and even lost. The pupils, skin, and pulse, remained the same. After an emetic, they continued for a time in the same excitable state, passing, however, in each case, into a state of stupor, and even coma. This, however, came on at different periods, and differed in degree. In the first case, it came on gradually, about an hour and a half after admission; and here the coma was much more marked than in the other cases, requiring the galvanic battery to rouse him from it—a condition which continued for four hours, and was not associated with so much convulsive action as in the other cases. In case II, the stupor was not so great as in Case I; but the convulsions were more marked than in either of the others, and persisted for five hours. In Case III, the stupor was marked, but was not so profound as in the other cases, and the convulsive movements lasted for a shorter time. They all seemed to become partially conscious at about 1 A.M.; and, in the first case, the boy became more sensible, and was able to walk a little, tottering, however, a good deal (*but was unable to give any account of himself*), and was then allowed to go to sleep; but the other two remained sitting up, very noisy and restless, during the whole night, and did not sleep till a late hour in the day. Even then the pupils remained dilated and fixed, and they had intermissions of stupor. The itching of the nose also continued during the greater part of the day.

The treatment adopted was that indicated by the symptoms. The result shows that it was successful.

Original Communications.

DYSPEPSIA, IN SYMPATHY WITH AN OVER-WROUGHT BRAIN.

By JOHN WATSON, M.D., Southampton.

THE influence of the mind upon the nervous system, with which it is so intimately and mysteriously connected, and through that system upon the functions of the body in general, is a fact which a little experience in the practice of our profession suffices to force on our attention. Suppressed feeling, sudden anxiety, surprise, joy, bring on sudden forms of disorder, or death itself; the depressing and even fatal weight upon the spirits of a dream or presentiment, when believed in as a supernatural visitation, has either been personally witnessed by us, or comes supported by testimony of the highest kind; while the ability of the weakest frame, under the stimulus of a strong necessity, to undergo incredible exertion and privation,—or, under the supporting influence of a buoyant, hopeful disposition, to rally under the attacks of an exhausting disease,—is perfectly intelligible and well known. Most practical men will understand the remark and endorse it, that under any severe form of illness, one of the most serious symptoms they have to combat, is a want of cheerful confidence in the result on the patient's own part. However variously we may attempt to explain it, the fact is unquestionable. Excessive mental exercise, again, has a marked effect on the ordinary functions of the body, by withdrawing, as has been supposed, a disproportionate amount of nervous influence to the brain; or possibly, a better explanation may be, by intensifying the sympathies of the other animal functions with this organ from its increased activity. Be this as it may, I am persuaded I have often witnessed a form of this kind of disorder, not only in what are called nervous affections, as hysteria, mi-

mosa inquieta, the neuralgiae, etc., but in chronic affections of the liver and stomach. I am persuaded that an over-wrought brain is the predisposing cause of many of those multifarious forms of indigestion that beset the industrious population of our large towns; and that this cause is often lost sight of in the consideration of the more evident exciting causes, such as the quality and quantity of the ingesta, etc. I could enumerate many such instances occurring among the intelligent artisans of the busy town I have recently left (Birmingham); but I confine myself to the following, which, I had full opportunity of ascertaining, was not a *post hoc* result merely, but one strictly *propter hoc*.

CASE. Mr. W. J., now a middle-aged man, of nervous-bilious temperament, engaged in a light business, but with considerable continuous head-work, and having literary and scientific tastes, was at times under my care for several years. His attacks were marked by pain in the forehead, temples, or eyeballs, often only called forth and always aggravated by a sharp movement of the head, and attended with *muscae volitantes*, partial amaurosis, alarming vertigo, neuralgia of the heart, or irregularity in the action of this organ. The latter symptom at one period, in 1847, continued to recur daily for several weeks. These attacks were rarely accompanied by either nausea, heartburn, flatulence, loss of appetite, constipation, or any other gastric symptom (though occasionally nausea and bilious vomiting were present); but with flushed face, and unusual quickness and irritability of mind. They occurred most frequently without any assignable cause, though sometimes a tart, a morsel of cheese, or an indulgence in the shape of fruit or green vegetables, etc., met with its due (or undue) degree of censure; and seldom lasted longer than ten or twelve hours. Medicines in repute for sick headache, such as alkalies, stimulants, stomachics, etc., afforded no relief during such an attack, an aperient alone seeming to shorten it, and sleep almost invariably removing it, whether the aperient were administered or not.

My patient resided in an open, healthy situation, was strictly temperate, lived by rule, and had plenty of out door exercise; the latter being principally walking, though mixed with carriage riding, horse exercise having been discontinued in consequence of the prolonged irregularity of the action of the heart in 1847. Attacks of temporary illness, as described, continued to recur under my own observation at intervals of about a week, for a series of years; and my belief was that he was a martyr to *duodenal indigestion*, and that his comfort could only be secured by strict dietetic and hygienic care, a fortnight's annual visit to the coast being a part of it.

Acting, however, upon a suggestion I had repeatedly made, a favourable opportunity presenting itself, he relinquished his business and removed into the country. The result was very striking. With freedom from care, and that necessity for keeping his attention fixed for several hours a-day, which the management of his business involved, his stomach became able (in his own words) "to digest anything", and his headache, instead of being a serious drawback to his happiness, was scarcely ever felt or thought of. It is clear that an over-tasked brain was at the root of these attacks, the digestive organs being only at fault in a secondary and subordinate manner.

I have been induced to narrate this case, because the evident connection of the removal of the disorder with the removal of its assumed cause, suggests a principle of considerable practical importance; and because also it affords an illustration of that class of cases in which such followers of illegitimate medicine as homœopaths and hydropaths are most successful, and in which their fallacy most readily imposes upon hard-working literary and other active and intelligent persons, for whose ailments mental rest is so often the panacea.

LARGE PENDULOUS TUMOUR OF THE VAGINA REMOVED BY LIGATURE.

By EDWARD A. BROWN, Esq., Eastwood, Notts.

Mrs. M. applied to me, on the 6th of July, relative to a pendulous tumour attached by a broad neck, three and a half inches long by two and a half wide, to the right side of the vagina, which caused great inconvenience and distress.

The patient was very anæmic, and much reduced by continued suffering. Finding, moreover, large arterial and venous vessels permeating the structure of the tumour, I determined to remove it by the double-lead ligature in preference to the knife or *écraseur*.