would occasionally affect the legs only, and be induced (with the similar movements in true paraplegia) by simple exposure of the legs to the air, or by handling or irritating them. Sometimes they were more general. But she had nothing that could be called a fit until July 1st. At half-past four in the morning of this day, she again became noisy, whined, and was more or less convulsed. These symptoms continued off and on for about three days, and then subsided. In the attack, her tongue was coated, and her temperature normal. For a day or two subsequently, she was low-spirited, and had fits of crying.

On the 18th, a recurrence of the attack took place; and, though the symptoms were not so severe as they had been, they continued with intermissions until about the 25th. During the greater part of this period, she appeared to know very well what she was about; and, towards the end, asserted that she was quite well, and wanted to go home. She was again treated with morphia and chloral.

There was no material change from this time until the night of August 23rd, when she had a sudden asthmatic attack. In the morning, she was still suffering, and the chest was found to be resonant, and to present dry bronchitic *râles*. The temperature was normal. The thoracic complication lasted, with variations, down to the middle or end of September. During it, the chest was resonant, dry bronchitic *râles* were generally audible, and occasionally a little moist crepitation. She had some dyspnoea and rapidity of breathing, a frequent cough, and scanty expectoration. At one time, this was slightly tinged with blood. The temperature varied from normal to 101.2 deg. She also lost her appetite, and became much emaciated. So great indeed was the loss of flesh that, on my return to the hospital in the beginning of October, after an absence of about six weeks, I could not help thinking that she was suffering from tuberculosis. But at that time the thoracic symptoms had entirely ceased, and the most careful examination failed to detect a trace of thoracic mischief.

In the middle of October, there was a slight recurrence of cough, but it soon subsided. She now rapidly improved in general health, and regained flesh; her paraplegia, however, remaining unaltered.

On December 12th, she was startled by the opening of a soda-water bottle, when both legs started convulsively. It was at this time discovered that she had marked hemianalgesia on the left side of the body, as tested both by faradism and by pricking the skin with a pin. Shortly afterwards, it was also discovered that smell, taste, and hearing were all more imperfect on the left than on the right side. There was no clear difference in the two eyes, as regards either distinctness of vision or recognition of atoms.

About the middle of January, she began to suffer again from shortness of breath, coming on mainly at night-time. On the 24th, the attack became much more serious, and was attended with cough, expectoration, and slight elevation of temperature. The chest was resonant; sonorous rhonchi were generally audible; and the expectoration was somewhat viscid and frothy. She had quite recovered by February 4th. About the end of January, Dr. Starkey, the resident assistant-physician, tested her cutaneous sensibility, and found that she had universal analgesia. She could feel; but a large shawl-pin could be passed through a fold of skin at any part—face, legs, arms, or trunk—without producing pain; almost, indeed, without being felt. Both ovarian regions, but chiefly the left, were tender on pressure.

On February 13th, she was tested again. She was now quite well in appearance and in general health; but the paraplegia continued complete; there was tenderness in the left ovarian region, and complete analgesia on the left half of the body. The sensibility of the right side was normal.

On the 21st, she was menstruating, and the analgesia was again found to be universal, the ovarian tenderness being limited to the left side. The condition of taste and smell was also investigated; and it was found, as regarded smell, that she could not distinguish rhubarb, assafoetida, and valerian from one another; but that she recognised ammonia by its pungency, and by its making her eyes water. It was found also that she had lost the power of taste. She said her food was insipid; and certainly she could not distinguish sugar, salt, mustard, and pepper one from another.

On March 12th, the analgesia was complete on the left side, but only slight upon the right. There was still absence of taste and smell. She now admitted, however, that pepper and mustard made the back of her throat feel warm; still they had very little effect upon her; for she sucked and swallowed nearly a teaspoonful of mustard in powder with no apparent result.

By April 3rd, the senses of taste and smell were again tested. Smell appeared to have returned; but, so far as we could make out, the sense of taste had returned only to the right half of the tongue and mouth. At this time also, although there was general analgesia, it was much more complete on the left than on the right side.

From this time forward, there was little change in her condition. Her general health remained good; indeed, she became plump and remarkably healthy-looking. Though inclined at times to laugh and cry without obvious cause, and to be unduly excited at any sudden noise or cause for emotion, she had no fits and no convulsive attacks. But the legs still remained entirely useless; they were plump and firm, without reflex phenomena, and acting little under the influence of galvanism. Latterly, she endeavoured to walk with the aid of a chair, her limbs being somewhat stiff; but she did not move them voluntarily, and simply dragged them after her. There was no loss of control over the bladder or rectum. She still presented tenderness in the ovarian regions, chiefly the left; and the analgesia, though it varied in degree and extent, never wholly left her. She was discharged at the end of June 1877.

I may conclude by adding the following facts. Her catamenia were regular (they were, at the commencement of her stay in the hospital, profuse); and about September 2nd, 1876, retroflexion of the uterus was discovered, and a Hodge's pessary was introduced. This appeared to have some beneficial influence over the uterine functions, but none upon the hysterical phenomena. No distinct connection was traced between the menstrual flow and aggravation of the hysterical symptoms. In all her convulsive attacks, the lower extremities moved freely, and apparently voluntarily; but, with that exception, and on one other occasion above alluded to, her legs were entirely powerless. In describing the condition of her general surface as regards sensibility, I have spoken as if failure to recognise pain were the only peculiarity; but, although she could feel when touched, she felt imperfectly, and it was clear that ordinary tactile sensibility was much impaired. She had no clumsiness in the movement of her hands. Further, she was (excepting when she was suffering from the convulsive and maniacal attacks) a thoroughly well-conducted, well-meaning girl; at times a little hasty or a little sullen in her temper, but otherwise good-tempered, good-natured, and a favourite with the nurses and her companions in the ward. Moreover, she was industrious, and passed her time largely in knitting shawls, petticoats, and the like.

The treatment, which included baths, galvanism, bromide of potassium, and tonics, was very various during her long stay in the hospital; and, as it all proved entirely inefficacious against the hysterical phenomena, it is needless to reproduce it in detail. It may be observed, however, that both faradism and the shower-bath seemed to aggravate the symptoms.

[To be continued.]

GENERAL MANIACAL HYSTERIA, AND ITS SUCCESSFUL TREATMENT BY THE RECTUM AND SKIN.

By JOHN BROOM, M.D., etc., Clifton.

HYSTERIA, in its many and varied forms, is one of those reflex nervous phenomena—or, according to Aitkin, “a complex morbid condition of all the cerebral functions”—which the practitioner is generally quick in recognising when it occurs under ordinary circumstances, and presents the usual diagnostic symptoms; but when it assumes exceptional phases and latent forms, such as simulating other diseases, he may either suspect, or doubt, or even altogether fail to recognise, the existence of the real malady under which the patient may be suffering.

Without going into the subject of the theory of reflex action, of cause and effect, or of the various delusions under which some of the subjects of this disease occasionally suffer—with all of which my fellow practitioners are accustomed to deal—I shall at once proceed to give a general outline of a fairly typical case which came under my care a few years ago: the heading or general title indicates the disease it chiefly simulated.

My patient was a lady of about twenty years, bilio-nervous temperament, and slight *physique*. So far as I could ascertain, her general health had been good up to the time of attack. The immediate or exciting cause was the sudden death of a near and dear relative. When I was called in to see the case, I was informed that about three weeks had elapsed since the attack commenced, during which time she had been attended by three other practitioners, all of whom pronounced her to be of unsound mind, and recommended her being removed to an asylum for a time; the chief difficulty about the treatment of her case being her obstinate determination to take neither medicine nor food, as well as her having to be almost constantly restrained from committing acts of violence, indelicacy, and immorality. I found her being forcibly held by three or four attendants; and when I approached and spoke to her, she kicked and spat at me, and refused to either answer questions or obey commands. Her expression was wild and vacant,

her pulse weak and quickened; the temperature, defæcation, and micturition were normal, but the last menstruation was deficient.

Having obtained full permission to treat her as I thought best, and knowing how opposed all her relations and friends were to having her taken into an asylum, as well as her own opposition to taking anything *per os*, I determined upon treating her case solely *per rectum* and skin, till it became preferable *per viam naturalem*. Accordingly, I had her placed and held down upon the bed, while I administered a proportionately large dose of the hydrate of chloral, bromide of potassium, and aromatic spirit of ammonia, in milk; this was repeated night and morning, alternating the milk with strong essence of beef, for four or five days; and on or about the third day, I painted over nearly the whole of the dorso-lumbo-sacral regions with the ordinary blistering liquid of the *British Pharmacopæia*, keeping the surface irritable for some days by applying savine ointment. The vesication was perfect, the amount of serum abundant, and the subsequent counterirritation considerable. The daily dressings and enemata soon became distasteful to her in many ways; and on or about the fifth or sixth day, I found her quieter, more rational, and not offering much opposition to swallowing food and medicine. After this, she made rapid progress, took food naturally and willingly; the vesicated spinal surface was allowed to heal; and she was considered convalescent about the ninth or tenth day. Subsequently, she took walks daily, became courteous and affectionate towards those around her, was sent away on a visit to some relatives at a distance, returned home in about a month, and continued to be in even better health than before the attack.

Now the maxim to be deduced from this case, as representing a class, is just this: that whenever we are called upon to treat a patient who refuses to allow the remedies to be administered in the ordinary way, and that without reasonable cause or excuse, the practitioner should seek to devise an extraordinary way, provided it be likely to aid or accomplish early convalescence; and further that, when the patient is of the gentler sex, and between the periods of puberty and climacteric, and the symptoms are not clearly referable to any other disease, hysteria in some form should be always suspected and sought for.

REPORT ON THE ATTACK OF DIPHTHERIA IN THE GRAND DUCAL FAMILY OF HESSE-DARMSTADT.*

BY DR. EIGENBRODT,

Physician-in-Ordinary to the Grand Ducal Family, Darmstadt.

III.—CLINICAL RECORD.

PRINCESS VICTORIA, aged sixteen, consulted me for pain in the throat on the 6th of November, after I had not seen her for some time previously. I found the left tonsil and one lymphatic gland on the same side of the neck swollen. Suspicion as to the possibility of a diphtheritic process becoming developed arose only from a small whitish spot between the tonsil and the anterior arch of the palate. Its length was about one *centimètre*, its breadth about two *millimètres*. There was no fever at all at that time. The Princess was at once completely isolated from all the other members of the Grand Ducal family. On the same day, at 5 p.m., a rigor, and immediately afterwards high fever (104 deg. Fahr.) occurred. Then already *fætor ex ore* was to be remarked. Several whitish patches, about three *millimètres* in diameter, appeared on the tonsils. After a turbulent but not quite sleepless night, the temperature, on the morning of the 7th, was 100 deg. The whitish patches had a reddish and discoloured ecchymotic appearance. In the evening, the temperature rose to 103 deg.; and well-developed whitish diphtheritic membranes were to be seen all along the surfaces of both tonsils. The temperature on the morning of the 8th was 100 deg., in the evening, 103 deg.; on the morning of the 9th, 99 deg., in the evening, 100 deg.; on the morning of the 10th, 96.5 deg., in the evening, 99 deg.; in the evening of the 11th, 97 deg. On the evening of this day, the diphtheritic membranes were completely thrown off spontaneously. There was, however, still a large sore spot, about four *millimètres* in diameter, on the left tonsil, which did not heal entirely until the 18th of November.

I will, in the next place, describe the prophylactic measures, which were adopted immediately after Princess Victoria had fallen ill. They are in the main points identical with those ordered in all the subsequent cases. The immediate isolation of the patient was executed from the very first moment, in such a way, that not only the nursing, but also every other kind of assistance, was performed by persons only who came into no contact whatever with any of the other members of the

Grand Ducal family. The night-watches at Princess Victoria's bedside were undertaken by the nurses of the "Alice-Frauenverein für Krankenpflege" (Princess Alice's Ladies' Society for Nursing Patients). These nurses attended with excellent care and perseverance also all the other members of the Grand Ducal family. The entrance into the sick room was strictly interdicted to all persons, except those actually occupied in nursing. This direction was thoroughly attended to by all the members of the family during Princess Victoria's illness. The drawing-rooms on both sides of the sick room were not inhabited, and the windows in them remained open permanently during day and night. In all the subsequent cases, similar measures were adopted. I have always ordered a separate room to be provided for each patient, situated as far as possible from the other sick rooms, in order to avoid concentration of the contagium.

All the secretions and excretions of the patients were disinfected as quickly as possible. The pocket-handkerchiefs, especially, were changed very frequently, and each one, as soon as it was no longer used, was at once immersed in a jug filled with some disinfectant fluid, and standing close to the bed. Thus we tried to prevent mucus and pieces of membranes removed from becoming dry, and being dispersed in the form of dust into the air. The disinfectants used were carbolic acid, sulphate of zinc, and permanganate of potash.

The *prophylactic remedies* prescribed for the members of the Grand Ducal family, and for all persons nursing and personally attending the patients, were the following. Gargles, containing carbolic acid, borax, and permanganate of potash, were frequently used. Internally, I gave, as a prophylactic, benzoate of soda, which has been lately recommended by Professor Klebs. At first, the dose administered was too small, owing to the novelty of the drug. Having, however, been kindly informed by Dr. Klebs, in immediate reply to a letter from me, that as much as three drachms might be taken daily by an adult without harm, larger doses were prescribed. It might, perhaps, partially be attributed to the employment of the abovementioned prophylactic remedies and measures that, except the members of the Grand Ducal family, none of the nurses, and none of the sixty persons living within or having daily intercourse with the Palace, were attacked. The members of the Grand Ducal family, who fell ill between the 11th and 15th of November, were probably infected by Princess Victoria before she sought medical advice. As to the cause of the disease of the Grand Duchess, Lord Beaconsfield's explanation, given in the House of Lords, is most likely the correct one.

The *treatment* was, on the whole, the same in Princess Victoria's and in the subsequent cases. For many years past, it has become a conviction of mine, that the application of caustics and the mechanical removal of the diphtheritic membranes is not followed by very encouraging results. I therefore administered for a long time as local remedies only disinfectants, until I became aware, about three years ago, of another local remedy, by the perusal of Professor Oertel's paper on Epidemic Diphtheria in von Ziemssen's *Cyclopædia*. This is the methodical employment of the steam of hot water and of medicated sprays. I have seen cases of diphtheria cured under the adoption of this remedy which were of so grave a nature that, after the experience gained during the employment of former methods of treatment, I was compelled to give an unfavourable prognosis. It is true that the steam of hot water has been frequently adopted in the treatment of diphtheria, but nobody has shown the proper principles of its employment so decidedly and so urgently as Professor Oertel. It must be used as soon as distinct membranes have been formed, and must be continued with the greatest perseverance during day and night. I have learned to avoid the disadvantages which might result from frequent interruption of sleep, by the adoption of a modified apparatus, which can be used without troubling the patient's rest. This is a modification of Siegle's inhaler. This remedy was thus adopted in all the cases of the disease in the Grand Ducal family. Solutions of chlorate of potash ($2\frac{1}{2}$ to 100), and in the later cases weak solutions of salicylic acid and of lime-water, were used. The beneficial effect of moist warmth consists in the acceleration of the natural process of healing by the production of a layer of pus-corpuscles, which forms a line of demarcation between the diseased and the healthy structures. In the case of Princess Victoria, this remedy had not to be employed so long and so persistently as in the subsequent cases. Already, on the fourth day of the disease, it was possible to use it less frequently during the day, and to omit it at night. In addition, disinfectants were used with care and perseverance against the local morbid process. In the case of Princess Victoria, I principally employed diluted chlorine water, which I allowed to be swallowed in order to bring it into contact with all the parts of the pharynx. As the smell of the remedy is disagreeable, and as the chlorine gas becoming free might have an irritant effect and produce cough, I order it to be taken directly from the bottle. Patients

* Continued from page 112.