as having been hysterical, equally with her analgesia, paraplegia, and maniaco-convulsive seizures.

[The above paper was written in October 1877. Since then, M. N. has again been under my care for about twelve months. During this time she has remained paraplegic; she has recovered the power of moving her legs to a slight extent as she lies in bed, but is still unable to walk, or even stand. She has suffered severely from symptoms like those of ulcer of the stomach: I believe, however, that these, like her other symptoms, have been hysterical. They have included extreme gastrodynia, continual vomiting and loathing of food, together with much emaciation and general weakness and prostration. She has had two or three of these attacks, each lasting for some weeks, separated one from another by intervals of apparently complete absence of stomach derangement, and recovery (excepting as regards her paraplegia) of perfect strength and health.—Feb. 1879.]

HYSTERO-EPILEPSY.

By THOMAS ANDERSON, M.B., Rosewell, Edinburgh.

M. H., AGED 18, had always enjoyed good health, although, a year ago, she broke her arm. She was first taken ill while at her work. She suddenly felt a pain in the left breast, which shot up to her head; then a rushing sound in her ears; everything became dark, and she fell. When she returned to consciousness, she found herself in bed. These attacks recurred regularly every half-hour until I saw her two days afterwards. At the time of my first visit, she lay in bed unconscious, and making regular and rhythmical movements with her arms and legs, and also with the muscles of the face; the eyes were squinting and turned upwards. My first impression was that what I saw was the clonic stage of an ordinary epileptic seizure. The temperature, however, was only 98.2 deg., and, on pressing downwards in the left iliac region, she became sensible immediately, and was smiling as if nothing had happened. On resuming the pressure in the same situation, she screamed and became unconscious again, the same clonic movements having also returned with all their original intensity. The pressure again restored her to sensibility. I instructed her mother how to proceed on the occurrence of another fit, and left. Next morning, I was sent for hurriedly, the report being that, on coming out of a fit, she was unable to speak. On visiting her, I found that this was the case; for, even when severely tested, she could not utter a syllable, although she protruded the tongue, and moved it in every direction in her efforts to articulate. In addition, there were loss of hearing on the left side, achromatopsia, and loss of smell and taste, anæsthesia of the left arm and leg, and contracture of the legs. I need scarcely recapitulate all the details of these symptoms, which were those usually noted in this disease. On applying several metals—zinc, iron, copper, silver, platinum, etc.—there was no effect produced; but, on placing a sovereign to the left temple, she gradually recovered the perception of colour in the reverse order (as I afterwards found) of its loss. The same metals were then applied to the legs, first to the left and then to the right; sensibility and the power of movement returned in twelve minutes. Again, on placing the sovereigns under the tongue, her speech returned in ten minutes; but *gasping* efforts to speak began in five minutes after the application of the gold, and these continued until she took a long inspiration and said, "There it is now". Her speech was lost again in half an hour, and each time the gold was applied it was observed that the time taken to recover the sense or faculty was longer. Chloride of gold and sodium were administered internally, and the fits became gradually less frequent and of shorter duration. Occasionally, after a seizure, there were anæsthesia and analgesia; and again, after the next fit, sensibility sometimes returned.

In two weeks after my first visit, the aphasia was still present; but she stated that she had been able to speak for short intervals, and, on the occurrence of a fit, she had lost the power again. I had the gold applied for two hours; it had no effect, and the patient made fruitless efforts to speak. I removed the coins, and applied the continuous current of a battery. In a few minutes, the aphasia disappeared, but not at once; for she had tried to speak several times for the sake of having the battery removed. After this date, electricity was applied whenever there was any loss of sensibility, and with the invariable result of restoring it in a few minutes. At this period, with the view of ascertaining what part, if any, electricity played in the action of the metal, I made some experiments with a delicate astatic galvanometer and Wheatstone's bridge, indicating 1 Ohm in 50,000, using a chromic acid battery. I found that the current given by the sovereigns was so small as scarcely to deflect the needle of the galvanometer. The "resistance" in this patient was very great, and the least amount measured was

142,000 Ohms, when the electrodes were placed over the radial artery at the wrist. Now, in a number of healthy persons, I have never found this resistance amount to more than 30,000 Ohms, which is very rare, and in most of them it never was more than 7,000 Ohms.

During the second month after the first accession of symptoms, the patient had only one fit, the catamenia (which had been absent for three months) returned, the anæsthesia, etc., disappeared altogether. It is now five months since she took any medicine, and during that period has enjoyed very good health.

In the recent number of *Brain*, Dr. Hughes Bennett states, in concluding his article on Metalloscopy and Metallotherapy, that "it must be admitted that the above observations tend to show that the beneficial changes resulting from the application of metals to the skin are due rather to the mental effects they produce than to any special virtues emanating from the metals themselves". Now, in the foregoing case, as in M. Charcot's, when the patient was in an unconscious state, pressure was exercised in the iliac region, what part had "expectant attention" or "mental emotion" in restoring her to consciousness? And how could a comparatively uneducated person knowingly give the colours in strictly mathematical order, when the perception of colour returned? In this, as in Dr. Bennett's and in some of Professor Charcot's cases, as I have stated, the patient did certainly occasionally recover the lost sensation without the application either of the metal or the galvanic current. At first sight, the action of the metal might be put down as an electric one; but, when the "resistance" was so great in this patient, how could such a weak current as that given by the gold affect her, and also, as M. Charcot says, why did the application of the other metals, which also give rise to electric currents, have no effect? I am more inclined to believe in the theory of a specific action of the selected metal, of the nature of which we have no knowledge. Although, in this case, the insertion of the needle into the anæsthetic parts was not followed by bleeding, yet, in the wards of La Salpêtrière, I have frequently seen slight hæmorrhage follow, and that, too, without reproducing sensibility.

In conclusion, I may state that all the symptoms in this case were noted, and the experiments performed, in the presence of competent medical witnesses.

GANGRENOUS CELLULITIS AROUND THE RECTUM.

By VINCENT JACKSON, M.R.C.S. Eng.,
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ISCHIO-RECTAL gangrenous cellulitis is, in our experience, so rare a disease, that, as a contribution to the subject, I am desirous of supplementing the cases of Mr. Furneaux Jordan, by recording the only one I have seen.

On the evening of June 27th, 1878, I was requested to visit a gentleman who had just arrived from Windsor. I learnt that my patient, previously the proprietor of a large hotel, was engaged upon the turf, and regularly attended all the important race meetings throughout the kingdom. He was a large-made, full-blooded, and well-to-do looking man, never intemperate, but living upon the best eating of everything in season, drinking champagne and claret-cup, and now and then enjoying port wine and nuts.

The weather was intensely hot, and he had been much exposed to the sun's rays, which, producing a feeling of fatigue, had induced him to sit down on a very hard-bottomed chair, two days previously. At the time, he felt pain on the left side, between the ischial tuberosity and the anus; hardness soon followed the pain, both being accompanied with a feeling of great *malaise*. Upon examination, I found pyrexial symptoms well marked, a distressing one being intense frontal headache; the local trouble was shown me. I observed that the soft parts between the anus and the left tuber ischii were swollen; to the eye, the skin was shining, red in its centre, and to the feel it was tense and hard. The bowels had been, by medicine, freely relieved; the urine, which was not abundant, was loaded with pinky-brown lithates, but it was free from albumen and sugar. My advice, of having a free incision made into the brawny tissues, was not followed, although I carefully explained the good that it would do, and the dangerous harm that it might possibly prevent.

The next day, everything was worse. The patient had not slept; the pain, before great, was now torture. He said he was sure he was mortifying. The swelling and hardness had much extended; the red spot was now a black one, and its large areola was of a dusky red colour. As soon as it was possible, ether was given, and a large incision exposed a gangrenous mass of cellular tissue, and let loose an ichor of a most putrid but non-feculent odour.