ceases to be a breach of confidence if the medical man makes such reports.

I should hesitate to support this clause, not on the ground of any breach of confidence on my part, were I to carry it out, but because I doubt if it be the best method of attaining the object in view. It is also open to doubt whether the proposal would work well which requires that the medical attendant shall give notice to the master of the house, and on such notice the householder shall be required to communicate with the sanitary authority. Both of these propositions throw directly on the medical attendant the onus of taking the initiative.

While I admit that this part of the subject is surrounded with difficulties, I am disposed to think that it would be a just as well as a wiser course to throw on the householder the prime initial step. It is not unreasonable to say that every householder having on his premises an individual attacked by an infectious disease, is bound by his duty towards his fellow men, to prevent the spread of that disease. I should consider it to be his duty to ascertain from the medical attendant whether the disease was infectious, and I should require him to give notice, so that every precaution might be adopted against its spread. This might be accomplished by making every householder liable to indictment if disease were known to exist on his premises; but on obtaining a certificate from the medical attendant that the disease was not infectious, the indictment should be withdrawn. The effect of such an arrangement would probably be, that the householder would (when he understood his own liability) at once request his medical attendant to inform the sanitary authority; otherwise, in case of death or publicity from any other cause, the householder would be found out, and his offence would be legitimately regarded as deserving of punishment.

It has, I believe, been correctly stated that the important question of the compulsory notification of infectious diseases has now been (by Mr. Gray), for the first time, formally brought under the notice of the House of Commons. As to its desirability, it may be said that there exists absolute unanimity; no one doubts the enormous advantages which would arise from it. The real practical difficulty of bringing such a measure into active operation lies in a detail, but a detail of vital importance as regards its success. If we are to have compulsory notification of infectious disease, who is to be the person compelled to notify?

I do not believe there could be a question more worthy of being thoroughly investigated by a Select Committee of the House of Commons than this, or one the investigation of which would bear better fruit.

This Branch of the British Medical Association has the merit of having now directly brought the subject under the notice of Parliament; let us hope that it will urge the matter forward. Let us use every exertion, by appeal to the entire Association, to induce the Government to refer the question mentioned to a Select Committee of the House.

A CASE OF LONG MAINTAINED FIXED POSITION.*

By W. C. BLAND, M.R.C.S.,
Medical Superintendent of the Borough Lunatic Asylum, Portsmouth.

JOHN GREENWOOD, aged 31, widower, was admitted nearly fourteen months ago into the Borough Asylum, Portsmouth. Previously to this, he had been five months in Fisherton House Asylum, and in the Portsea Workhouse. The patient was an able-bodied seaman in the Royal Navy, and bore a first-rate character for intelligence and steadiness. He was drafted into the Coast-Guard.

One day, he put out in a heavy gale in the life-boat, and was reported by his comrades to have been struck by lightning. When he came back, he grew very excited and exalted, declaring that God had revealed all things to him. He was then taken to the workhouse, where he exhibited a demented behaviour. He would stand still for hours together, and, when addressed, only grinned fatuously. We have no accurate history of him, further than that he was taken to Fisherton House, whence he was transferred fourteen months ago to the asylum at Milton.

On admission, he was extremely emaciated; but all his thoracic and abdominal viscera appeared healthy. He has since been fed on minced food and sop, and has gained about thirty-five pounds. He has assumed a position, in which every limb is rigidly extended; the legs and feet pressed firmly together; and the arms and hands pressed to the sides. The eyes are closed; and, when one retracts the lids, he rolls his eyes

upwards, so that it is impossible to see the pupils. The features are fixed and impassive, and the muscles are all well developed and firm. Although flies settled all over his face last summer, he never moved a muscle. All his food has to be given him with a spoon by the attendant. He moves his jaws but little, performing mastication chiefly with the tongue. He is held over the stool regularly, and every third day he has a motion. He sleeps well at night. The electrical reaction of his muscles is normal, and the muscles are all well developed and firm. The knee tendon-reflex is scarcely apparent; but, on pressing up his foot sharply, there is a distinct quiver in the calf and foot. He has been under continuous observation night and day, and only twice has he moved. On both occasions, he was seen by the night-attendant to lie on his side and rub his eyes. He has never spoken except once. When he was asked the day of his admission, he replied correctly, "Tuesday". He has been exercised for ten days by three attendants—two moving his legs, whilst one held him upright; and then every joint has been flexed repeatedly. And he has been maintained in an attitude of prayer for a quarter of an hour at a time; but, beyond slight exhaustion, this produced no effect whatever. Whenever one of his limbs is forcibly removed, it is brought back to its position immediately when let go, as though under the influence of a spring. Amynitrite has not the slightest apparent effect on his condition, further than producing a blush. The patient was put under chloroform; when he opened his eyes, with the pupils widely dilated. An ophthalmoscopic examination showed the retina to be perfectly normal. Under the influence of the chloroform, he relaxed his muscles but little; but the narcosis was not very deep; and the relaxation was sufficient to show, if proof were needed, that there exists no spinal lesion.

It is impossible to classify this case under any known head. Catalepsy is excluded by the absence of a characteristic symptom; viz., the joints, when placed in a different position, are not retained in that position. There is nothing passive; the whole attitude is produced by voluntary muscular action. To me, the most satisfactory view is, that it is a result of a fixed delusion. But it is impossible to ascertain the nature of the delusion, or even its existence, with certainty.

RUPTURE OF THE MEMBRANA TYMPANI, WITH DIFFUSE MYRINGITIS: THE RESULT OF A SNOWBALL.

By ROBERT TORRANCE, L.R.C.P. Ed.,
Surgeon to the Newcastle-upon-Tyne Throat and Ear Infirmary.

J. L., aged 16, came to me on January 12th, 1881, with a pale and anxious expression, suffering as he said from "ear-ache", which had lasted over forty-eight hours. The history of the case was, that, while snowballing with some companions, he was hit by one on the right ear, which caused him the most intense agony; the pain, indeed, to use his own words, made him shriek and tremble. On examination with the otoscope, a rupture of the membrana tympani was discovered, slit-shaped, parallel and posterior to the handle of the malleus; there were also traces of hæmorrhage in the external meatus, which had evidently come from its vessels. In addition to this, however, there was a pinkish hue of the membrane, with a good deal of vascular injection, around the periphery of the drumhead, and along the handle of the malleus, though the other parts of the membrane remained of their normal colour. He complained of much tinnitus aurium—a loud buzzing in the ear, with confusion in the head—which was set down to concussion of the labyrinth; and probably correctly so, as the tuning-fork was heard less distinctly in the injured ear, and a watch that should have been heard at twenty feet, was only heard at about two inches. For days after the accident, there was a feeling on the same side of the tongue as if something cold had been rubbed over it, and the taste on that side also was impaired; but the sensibility of the tongue to touch remained intact. Antecedents were carefully inquired into, but the patient positively asserted that he had not previously suffered from defective hearing. The ordinary treatment was adopted of placing leeches over the tragus, using the warm douche, etc., when the pain speedily subsided, and the rupture healed perfectly in a few days, without a suppurative process, but the hearing power has only been partially restored.

REMARKS.—This case has been related on account of its extreme rarity, the membrana tympani having much resisting power, both from the so-called membrana flaccida, or Shrapnell's membrane, which yields when undue pressure is brought upon it, and from its oblique position in the canal, which causes a portion of it to be covered by the walls in such a way as not to receive the whole force of a column of compressed air. But, though it is well known to be ruptured from

* Read before the South Hants District of the Southern Branch.