slight improvement, when intelligence of the sudden illness of her husband was brought to her. From this period the lost volition was rapidly regained, and she made speedy and uninterrupted progress towards recovery, and returned home to nurse her husband fairly well.

There can be no doubt that the above case was simply one of perverted volition, excited, in all probability, by imitative impressions. Had the peculiar nervous predisposition of this patient been known, she would, of course, have been rigidly kept from what proved to her a source of excitement and subsequent irritation. There was no uterine disturbance in this case, and the symptoms supervened too suddenly, without proportionate nervous disturbance, pain, or other distress, to be attributable to an embolic clot. The paraplegia from the first was regarded as hysteric, and this was fully and most satisfactorily corroborated by the subsequent rapid recovery on the supervision of an antagonistic moral excitant. There are few cases more unsatisfactory to treat, more trying to the moral courage of the practitioner, or more likely to interfere with the confidence reposed in him by the friends, especially if the patient be in the higher rank of life, than hysteric paralysis.

This affection occurs, I believe, quite independently of the existence of any uterine or ovarian irritation. The exact condition of the intimate nerve-structure in this and kindred affections will become increasingly a subject for interesting investigation. The great influence exerted upon the capillaries through the vaso-motor nerve-filaments, and the effect which it may produce even upon volition, and some other moral phenomena, may help to explain by degrees many of the eccentric freaks which are now included under the unsatisfactory designation of hysteria. The diagnosis between real and ideal paralysis is not always easy, especially if the patient be seen for the first time after some weeks' or months' duration of the malady.

I need not say how important is a clear definition between the two; for, while on the one hand it would be cruel to accuse the real sufferer of fabricating a serious complaint, it would, on the contrary, be most highly improper and injurious to treat the simulated malady as real. In a recent number of *Guy's Hospital Reports*, Dr. Wilks has shown that there is a nervous influence constantly passing from the centres to the muscles during life, producing tension of their fibres; and that in real paralysis this tension becomes destroyed, and muscular power is lost. In feigned paralysis, on the contrary, muscular tension is preserved, while the will to exert the power of motion is more or less in complete abeyance. The knowledge of these different conditions is of considerable value as an aid to the diagnosis between real and feigned paralysis, and the extent to which the supply of blood is regulated in its passage to the nerve-centres by vaso-motor nerve-influences, and its power of contracting or relaxing the capillaries, will, when more fully investigated, throw increased light upon the condition of the molecular structure of the nervous centres generally in hysteria and other so-called nervous diseases.

More or less spinal irritation is generally associated with hysteric paraplegia; and some tenderness, or, it may be, acute local sensitiveness, is complained of in percussing the spine, together with flying pains in the legs and pelvis. Numbness of the lower limbs frequently obtains, and the bladder and rectum may temporarily lose their power. A peculiar dragging of the leg has been pointed out by the late Dr. Todd as characteristic of hysteric paralysis, in contradistinction to the semicircular swing of the affected leg seen in real paralysis. This suggestion is applicable rather to hemiplegia than to paraplegia. A carefully conducted series of experiments with the galvanic current in reference to electro-sensibility, electro-contraction, and muscular tension, with a view of testing their relative amount both in real and feigned paralysis, would prove a valuable aid in forming a differential diagnosis.

On the treatment of hysterical paralysis, in whatever form it assumes, there is but little to be said. The malady is essentially one of weakened or lost volition, and it is to moral measures that we chiefly must look to overcome this condition. Hence, the far greater benefit which results to a patient treated in a hospital, where all is regulated with firmness and method, as compared with the management of a similar case in her own home, especially if the patient be subjected to the baneful influences of the false kindness and exaggerated sympathy of unwise friends. In the one case, the lost volition will become restored in a comparatively short time; while in the other, as is too frequently the case, the patient remains in fair health, but with the affected limbs perfectly immobile, notwithstanding the attendance of a succession of doctors, special and otherwise; and she is perhaps ultimately doomed to months of mechanical fixedness for a supposed spinal disease.

As a rule, the general health in these cases remains fairly good; but should it be otherwise, general principles must be adopted, and especially cod-liver oil given if it can be digested. Galvanism, inasmuch as it will tend to direct attention to the limbs, and thus perpetuate an

ideal malady, had better, as a rule, be avoided. As already hinted, however, moral measures must be chiefly relied on, and so far as possible, the constant attendance of a medical man should be discontinued. To effect this, however, is by no means easy, and it is only by the firm co-operation of sensible friends with the medical attendant that this can be attained. The patient must be treated firmly and kindly, and told with all honesty that, unless she be determined to remain a permanent paralytic, a visible improvement, however slight, and that effected by her own efforts, must be perceptible at the end of each week.

The allowance of a simple unrestricted diet, and the avoidance of all unnecessary, and especially periodical medication, will prove additional auxiliaries to completing the moral cure.

CASE OF CUT-THROAT WOUND OF INTERNAL JUGULAR VEIN: LIGATURE: RECOVERY.

By JOHN WOODMAN, F.R.C.S. Eng.,

Consulting Surgeon to the Exeter Dispensary; Honorary Secretary of the South Western Branch; etc.

On August 14th, 1873, between 5 and 6 p.m., I was hurriedly called to see Mrs. Henley, the matron of the City Workhouse, aged about 30, who, I was informed, had been attacked and nearly killed by an inmate, called Thomas Snelgrove (who was seized in the act). On my arrival, about ten minutes after the occurrence, I found her seated in a chair in the kitchen of the infirmary (to which she had run from the ward in which she was assaulted), her clothes saturated with blood, her head supported, and pressure being made over the wounds with an apron. Finding that the hæmorrhage had for the time ceased, I had her carefully removed in the chair to her own apartment. On examination, I found she had three slight cuts on the face, six wounds on the neck, and three cuts on the fingers of the right hand (caused in the struggle); all these wounds were such as would be inflicted by a razor, the instrument said to have been used. Of the wounds in the neck, two were slight, three severe but not dangerous, whilst the principal one was situated two inches and a-half below the left ear, and extended three inches across the throat to the cornu of the hyoid bone. I was putting sutures in the other wounds, and had nearly finished, when suddenly an alarming gush of venous blood took place from this wound, which I controlled by pressure with my finger. Feeling sure that the internal jugular vein must be wounded, I sent for assistance, and in the meantime examined the wound, and found that the external jugular vein, the auricularis magnus nerve, and the sterno-mastoid muscle, were completely divided, and that with my finger I could feel the anterior spinal muscles; the external and internal carotid arteries were also to be felt uninjured. On the arrival of Mr. Roper (Senior Surgeon to the Devon and Exeter Hospital), we had some difficulty in finding the exact spot from which the hæmorrhage came, as when I moved my finger the bleeding was very alarming. I managed, however, to get my finger higher up in the wound, still compressing the vein, and then, on carefully sponging it out, I saw a distinct slit in the internal jugular vein, about half an inch in length, in the direction of the course of the vein, and at a right angle to the external wound; we were then able to move the descendens noni nerve out of the way, and to pass a ligature around the vein below the wound, but now the difficulty was to pass one above, as moving my finger threatened fatal hæmorrhage. This was met by seizing the wound in the vein with a pair of broad torsion-forceps, and holding the lips together. This nearly stopped the bleeding. We were now able to pass a ligature with an aneurism-needle above the wound. On tying both these, which Mr. Roper and I did simultaneously, the venous hæmorrhage was stopped.

Some arterial bleeding from a deep source now gave us considerable alarm in her weak state, but fortunately pressure and ice stopped it also. Besides the two ligatures on the vein, only one small artery was tied, the others being treated by torsion. The external jugular vein did not give any trouble, and was not done anything to. Mrs. Henley appears never to have quite fainted, or to have entirely lost her consciousness; which is surprising, considering the quantity of blood she lost and the shock to the nervous system.

I and my pupil, Mr. H. Baber, remained all night with her, but there was no return of hæmorrhage; she vomited several times, but else she passed a favourable night, and rallied considerably for thirty-six hours after the accident. One of Mr. Roper's or my pupils was constantly in attendance, in case of a return of the bleeding.

Mr. Roper saw her in consultation with me for some time afterwards. At first she was very weak, but calm and collected; but on the fourth day (August 18th) she suddenly became feverish and troubled with pain in

the head; this, however, passed off under treatment in a few days. Lymph was soon effused in the wound, and shortly became organised; the wounds all healing in a very rapid and satisfactory manner. She complained, on getting better, of loss of sensation in her left ear.

August 28th. The ligature round the small artery came away.

September 2nd. On this (the nineteenth) day the lower of the two ligatures of the internal jugular came away.

September 10th. To-day (the twenty-seventh day) the last ligature, and the most important, came away safely, but required some traction. This wound had nearly healed, and with the exception of the fingers, the other wounds were healed.

September 26th. The wounds were all healed. She could walk a short distance, but had difficulty in holding her head straight for any length of time. There was considerable induration round the wounds in the neck, and a depression where the sterno-mastoid was divided.

October 11th. She is very much better; can hold her head up well now; and the hardness round the wounds is much less. She has gone away to Exmouth for change of air to-day to recruit her strength.

The principal points of notice in this case are, the large quantity of blood lost; the singularity of the wound in the vein being at right angles to the external wound, showing that the razor must have been turned in the wound; and the fact of pressure stopping for the time hæmorrhage from so serious a wound of the jugular vein. This I attribute to the wound being in the direction of the vein and not across it, the clot formed closing the opening and allowing the blood still to flow in the vein. The next point is the very little disturbance to the patient that the occlusion of both the external and internal jugular veins of the left side caused: the external jugular of the other side was never fuller than usual (at least to be noticed). The pain in the head was slight, and not more than would be expected from the loss of blood alone; and the circulation appeared to have at once adapted itself to the altered circumstances.

I have gone somewhat into detail in reporting this case, as I can find no record in any of the works on Surgery of a similar one; and conclude, therefore, that no one has previously been fortunate enough to arrive in time to save life when this vein has been so seriously injured.

ABSCCESS OF THE BRAIN IN AN INFANT.

By FRANCIS WARNER, M.B.Lond., F.R.C.S.Eng.,
Royal Surrey County Hospital, Guildford.

THE following case is, I think, worthy of record, on account of the comparative rarity of the disease, though the clinical history and *post mortem* examination are necessarily incomplete, owing to want of opportunity for making due and careful examination. On referring to Sir William Gull's table of "76 cases of abscess of the brain," I find that the youngest age there recorded is four years; but the present case shows that this disease may occur in infancy. The case further illustrates how large an amount of mischief may exist within the cranium without an equivalent of objective symptoms; for, from the results of the *post mortem* examination, it is clear that the abscess was of some duration.

On March 6th, I was requested to go to a cottage to see an infant, aged 14 months, who had been convulsed for three hours the day before. The mother said that this was the first fit the child had suffered from, but that, without being able to assign any definite reasons for her opinion, she had thought for some months that the child was suffering from its head; it had, however, always appeared perfectly intelligent. For a few days previously to the fit the child had been rather fretful, and "had not taken the breast well." There had been no vomiting.

On examination, I found the head generally enlarged, the anterior fontanelle patent and strongly pulsating synchronously with the pulse, 180 per minute. The face was pale; the limbs were slightly contracted. The child was generally restless, but at times was very quiet, as if exhausted. The pupils were dilated and equal; ophthalmoscopic examination showed the disc in each eye normal. The bowels had not acted to-day. A grain of calomel was ordered.

March 8th.—The bowels had been moved freely. A strong convulsion came on last night, and lasted half an hour. To-day the child seemed more lively, and noticed its mother.

March 10th.—The child was strongly convulsed for ten minutes in the right arm and leg only, and the mother said "the eyes were drawn together during the convulsion." At the time of the visit, there was no strabismus, and the pupils were of normal size.

March 13th.—Yesterday, the child was twice strongly convulsed in all its limbs. To-day the pupils were moderately dilated; the child

noticed nothing, though its eyes were open; it was apparently blind in both eyes, for sudden movements in front of its face caused no winking. The child would not take the breast. There was no vomiting. At night, it was strongly convulsed in all its limbs for three hours, and then died.

A necropsy was made twenty hours after death. The head only was allowed to be examined. The convolutions were slightly flattened on both sides. Thick greenish inodorous pus was found at the base of the brain, about its central parts, more towards the right side; it extended on to the pons and cerebellum. The pia mater of other parts was healthy. Removal of the pus left the subjacent pia mater dull and thickened. No tubercle was discovered anywhere. On slicing the brain, about four ounces of pus were found, apparently encysted in the front part of the right ventricle, and bulging into the anterior lobe. The membrane lining this cavity was thick, tough, and vascular, and could be handled and spread out, showing that it was organised and of some duration. The corpus striatum and thalamus were flattened. The other parts of the brain were healthy. There was no softening.

THERAPEUTIC MEMORANDA.

PHOSPHORUS IN NEURALGIA.

IN October of last year I wrote a letter to the *BRITISH MEDICAL JOURNAL*, calling attention to the value of phosphorus in the treatment of neuralgia. Since this date I have given it a somewhat extensive trial, the general result of which is to confirm the favourable report I made of it in my first letter. I have prescribed it in various neuroses, in melancholia, in impotence, in mercurial tremor, in locomotor ataxy, etc., but have come to the conclusion that its value is most conspicuously and constantly seen in cases of nerve-pain, accompanied or caused by asthenia: indeed, while it has appeared to me quite inert in most of the separate diseases I have mentioned above, it has rarely disappointed me, when properly administered, in true cases of anæmic or asthenic neuralgia, amongst the remedies for which disorders I believe it will ever hold a high and secure place. Its mode of administration is, however, of importance; and while in many respects agreeing with Mr. J. Ashburton Thompson in his remarks upon this remedy, which appear in the *Practitioner* for July, I cannot indorse his statement as to the wisdom, or even the safety, of beginning with a dose of one-twelfth of a grain every four hours. M. Gubler, in a recent number of the *Bulletin Général de Thérapeutique*, is more correct, I think, in urging great caution in the administration of this powerful remedy: indeed, in the seventeen cases treated by Mr. Thompson, one suffered from serious and alarming symptoms, as the result, we may fairly presume, of the phosphorus, which was administered in the dose of one-twelfth of a grain. My custom is to commence with one-hundredth of a grain, and gradually increase this by one-fiftieth of a grain at a time, until, if necessary, one-tenth of a grain is taken with each dose. Beyond this quantity I do not go; as I think that, if the remedy be of use, relief will be attained by this dose equally with a larger. After trying several preparations, I now use a formula which Mr. Potts, dispenser to the Manchester Royal Infirmary, hit upon, and which seems to answer every purpose, in being tasteless, transparent, and readily prepared. He dissolves ten grains of phosphorus in two ounces of ether, agitating the solution from time to time; and of this solution, one minim (containing one-hundredth of a grain) is administered in an ounce of water with half a drachm of glycerine. The glycerine suspends the phosphorus so perfectly that a transparent mixture is the result. The addition of a little bitter infusion entirely removes any *souppçon* of lucifer-matches which may hover about the medicine.

S. MESSENGER BRADLEY, Manchester.

THE ADMINISTRATION OF PODOPHYLLIN.

As podophyllin in some combinations produces considerable pain without corresponding benefit, any plan for increasing the certainty of its remedial action is likely to be interesting. I venture to call attention to a powder which I have used for some time, and which has proved extremely useful. The following is my formula. R Podophyllin gr. ivss; extracti elaterii gr. ivss; pulveris jalapæ comp. 3vj. M.—Half a drachm of the above powder in half a pint of warm water acts most effectually, and the cholagogue effects of the podophyllin seem to be assisted by the hydragogues, the latter washing out the bile in a most satisfactory manner.

The immediate effects of this powder are somewhat as follows. In half an hour, there is free diaphoresis, followed by vomiting, and after-