tumour was now cut away, two long pins being passed through the pedicle beyond the wire to prevent its slipping. All bleeding points were secured as the forceps were removed. In securing a large vessel bleeding deeply in the pelvis, the right ureter was caught in pressure forceps, but was instantly released, and did not suffer. The ureters were seen at quite a safe distance from the clamp. The sigmoid flexure of the colon and the rectum were partly stripped of peritoneum, which had been lifted from them. The pedicle was brought out of the lower part of the wound, the peritoneum cleared of clots, and the edges of the wound approximated in the usual way by twelve silk sutures, three silver sutures being applied through the abdominal walls and peritoneum immediately above the pedicle. A Keith's drainage tube was employed, and brought out near the umbilicus, it being surrounded by a sheet of india-rubber in the manner kindly shown me by Dr. Keith. The pedicle was freely treated with solid perchloride of iron.

The whole operation occupied two hours, the patient taking only 3 ounces of ether. The usual antiseptic precautions were adopted. On being placed in bed, the pulse was about 90, regular and fairly strong. There was scarcely any other sickness. The temperature, as shown by the chart, never reached higher than 100.6°, and was normal on the fourth day, only rising in the second week to 100.8°, on one occasion, on account of cystitis due to frequent catheterism. The catheter was used at first every three hours, and for the first three days drew off urine highly coloured with blood; but by the end of the week the hæmaturia had ceased. After the first week the urine was occasionally passed naturally, but the catheter could not be altogether dispensed with; the urine contained some mucus and a little pus, which diminished and ultimately cleared up under the use of tritium repens, after some small phosphatic concretions had passed. Flatus was passed on the third, and the bowels were moved naturally on the fifth day.

Barley-water alone was allowed for the first twenty-four hours; during the next twenty-four hours soda water and milk, with a little tea; on the fourth day, oysters and milk pudding were given, and after that a more substantial diet; but during the first four days nutrient injections were administered every four hours, each containing a little brandy, with beef-tea and milk. From the drainage tube 2 ounces of deeply blood-stained fluid were withdrawn on the second day, 1 ounce on the third, 6 drachms on the fourth, 3 drachms on the fifth, and 1 drachm on the sixth, when the tube was removed.

From the time of the operation to the date of removing the clamp, on the fifteenth day, not a particle of moisture was seen about the wound. The sutures were removed on the eighth day, when the wound was found to be healed. The clamp was tightened a little every second or third day, and when it was removed on the fifteenth, it only held a small portion of dried-up tissue, which took some days to separate.

The patient enjoyed her food, and took it freely from the first. She was up at the end of the third week, and when she left Leeds, at the end of the month, she looked far better in the face, and said she felt better than she had done for several years. She had lost her "bilious" attacks, and was in excellent health.

A curious point in the case was that, although the uterus was removed quite close to the vagina, together with the ovaries and tubes, the patient menstruated for three days, from the fourteenth to the seventeenth, after operation, the discharge being normal in quality and quantity. The mass removed proved to be a fibro-cystic tumour, weighing 20 pounds, filling up the right broad ligament, having the elongated and dilated right Fallopian tube spread over its roof, and the right ovary flattened out on its surface. It was firmly fixed to the back of the uterus, the cavity of which was only three-quarters of an inch longer than normal; the left ovary and tube were enlarged, but otherwise normal. Large leashes of vessels coursed along the broad ligaments, and those on the right side spread out over the tumour.

The interesting points in the case are:

1. The difficulty in making an exact diagnosis; and in this I am not alone, for Dr. Keith, in the *JOURNAL* for December 8th, 1883, says, in speaking of his first hysterectomy: "It was a case of rapidly-growing fibrous cystic tumour, with much solid, and it was mistaken for an ovarian tumour. I had long expected that this mistake would some day happen to me. It had come to others, and I knew that I could not always escape, for the diagnosis is difficult."

2. The formidable nature of the operation, chiefly due to the necessity for great enucleation before a pedicle could be got small enough to be grasped by the clamp.

3. The injury to the bladder, which was due to haste in applying the clamp on account of severe hæmorrhage from the tumour, was

fortunately unattended by evil results, in consequence of immediate and exact suture.

4. The fact of menstruation, normal in time, quantity, and quality, although both uterus and ovaries had been removed.

5. The complete and perfect recovery of the patient.

HYSTERIA IN THE MALE: FAITH-HEALING.

By H. HANDFORD, M.D., M.R.C.P.,

Physician to the Nottingham General Hospital.

THE following case has been under my observation at intervals since 1881. It is sufficiently remarkable to merit publication, and is probably typical of the class of cases which are suddenly cured at Lourdes and elsewhere.

A. B., aged 40, was admitted into the Nottingham General Hospital in 1881. I was at that time resident in the hospital, and had the opportunity of watching the case from day to day, and of treating it during part of his stay. He complained of a heaving, spasmodic movement of the epigastric region, which caused him much distress, and which he was unable to control. It appeared to be due to spasmodic contraction of the diaphragm, and recurred about twice every minute all day. It was unaccompanied by hiccup, and the movement was much slower and less abrupt than in that affection. He also about the same time complained of difficulty in walking. He was a fitter by trade, had been in the United States for some time, had travelled about a good deal, and was generally unsettled and nervous. He had also been accustomed to smoke heavily. The abdominal affection appeared to me to be of an hysterical nature, and I treated it by the application of a blister to the epigastrium. This resulted in the cessation of the abdominal movements for some days—in fact, as long as the pain of the blister lasted. The blister was reapplied, and the same result followed, but eventually the movements became less frequent. Meantime the condition of the legs was getting worse. There was no evident muscular wasting or loss of sensation, but great inco-ordination and muscular spasm. The superficial reflexes and the knee-jerk were exaggerated. There were no shooting pains, and no affection of the sphincters. He could at this time walk with great bodily exertion, not completely straightening the knees, but violently sweeping the legs round in a circular manner, with the ankle-joint extended, and the pointed toes scraping along the ground and catching every obstacle. He got up daily, and after two or three weeks he was one day detected in a serious breach of hospital discipline and threatened with expulsion. Next day he walked much better and was in every way improved, and a few days later he went out at his own request nearly well.

Within a week he returned as bad as before; and, though he remained in the hospital for about three months, and was treated in various ways (among others, by valerianate of zinc and cold shower-baths), he did not improve again, but left in a more helpless state than ever, though the spasmodic movements of the abdomen were more variable and a less prominent symptom than on his first admission. He was very emotional, somewhat bad-tempered, and quarrelled with the other patients. He never had any kind of fit while he remained in the hospital. Afterwards he was in two different hospitals in neighbouring counties, and in one of them he was treated by galvanism, with the result that the spasmodic movements of the abdomen ceased and have never recurred. He was otherwise unimproved. For a year or two afterwards I saw him occasionally in the streets, walking with the aid of two crutches, bearing all his weight on the crutches and swinging his legs forward together, and not attempting any independent movement with them.

About a year after leaving the hospital, he tells me, he suddenly lost the use of his right arm, and gives a graphic account of the treatment of it by mustard, friction, and warming at the fire, the result being a speedy recovery of complete use in it. About this time, his wife tells me, he began to have "fits," which came on every week or two, sometimes more frequently. They lasted several hours; and during them he was very violent, and she usually had to call in several neighbours to restrain him. He used to shout and talk a great deal of nonsense. For the last two years the fits have been as frequent, but he has been less violent, and he has not required restraint, and the wife says she could manage him herself.

He seemed somewhat proud of the interest his case excited, not only among the various medical men who have treated him, but also among the lay public, from whom he at first obtained much sympathy, and also more substantial assistance. For some time that source had failed, and he was very badly off. He worked very skilfully at fretwork and light cabinet work, and was fairly industrious.

After the difficulty of walking had lasted two or three years, I was inclined to believe that there must be some sclerosis of the pyramidal tracts in addition to the evident hysteria; for hysteria is no bar to serious organic disease, and often coexists with it; as I hope to show shortly by a series of cases, in one of which a lady, with the most unquestionable hysteria of many years' standing, died of subacute myelitis.

However, in the beginning of this year (1887) the patient attended a service in his parish church in a village in the county, and heard a sermon on "faith-healing." After the service he threw away his crutches, told the clergyman he would never see him with his crutches again, for he was cured by the grace of God, and could walk. He walked home, a distance of three-quarters of a mile, without assistance, rapidly regained strength in his legs, and within a week or two could walk two or three miles at a time. I saw him at the end of a fortnight, and he still walked rather stiffly, chiefly from the hips, putting the feet down flat. He said that he felt he had lost the proper spring in walking. He was in a state of great religious excitement, as may be judged by the following remarkable, rambling letter, which I received after he had promised to come to the hospital to let me examine carefully the condition of his muscles and reflexes, and ascertain by measurement whether there was, as he stated, considerable wasting of one leg.

"You will, no doubt, feel disappointed at me not coming to the hospital this morning, but I feel now, by the spirit of God, that I am not to let man measure nor interfere with God's work, as I know he himself has completed the work. Please read Luke, chap. 20, right through, and may God give you a right understanding of His almighty power, as He has done for me, and we know He is the greatest physician.—I remain, yours truly, _____, in the fear of the Lord, but the Lord says we must be born again."

Notwithstanding this I went to see him next morning, and after a little trouble induced him to let me make an incomplete examination. During his illness he says his legs were cold to the touch, but he had no subjective feeling of coldness in them, and never felt cold. Now the extremities are warm to the touch, but he feels the cold very much. A month ago he could not cross one leg over the other, move his legs in any desired direction, or place them in any special position. There was complete inco-ordination with spasm; now he can cross his legs readily. The knee-jerk is now present on both sides, though rather weak. There is some wasting of the muscles of the left thigh and leg; they feel lax and flabby to the touch, and the limb looks wasted. On careful measurement there is a difference of half an inch in the calves and three-quarters of an inch in the lower part of the thigh, the left limb being the smaller. Sensation is now normal. He states that previously sensation to touch and to pain was diminished, especially in the left leg. This was not so when he was in the hospital in 1881.

I saw him again in October, 1887, and he had continued well. He was looking better in the face, and had gained flesh. He has muscular arms and legs, and in June walked ten miles without resting, and during the week walked eighty miles. The measurement of both legs is now equal. He says he feels much stronger, and "as if the different parts of his body were working better together." His mental condition has greatly improved, and is more stable. He has been doing some work as a cabinet maker. I have every reason to believe that there has not been any wilful imposition during the course of the case.

I have at the present time under observation an almost exactly similar condition of "spastic paraplegia" in a girl, aged 20, where all the signs of lateral sclerosis are present. It has already lasted three years, and has hitherto proved quite intractable to every variety of treatment. There is, in addition to the paraplegia, incomplete incontinence of urine. This condition was markedly aggravated by atropine or belladonna given in any form, even when the patient did not know she was taking the same medicine which had increased the incontinence before. It was given in the hope of improving the condition of the cord, but could not be persevered with because, in addition to increasing the urinary incontinence, it caused inefficiency of the anal sphincter. Atropine was given on many different occasions, and the result of it could not be doubtful. It was not given in sufficient doses to affect the pupil to any extent.

The patient's sister has definite hysterical fits, and the patient herself is markedly emotional, so that one is led to believe, especially after the experience of the above case, that the affection is mainly, if not entirely, hysterical. Somewhat allied to "hysteria," and showing the close connection that sometimes subsists with epilepsy, is the following case, which I used to see at intervals a few years ago.

A man, aged about 37, a working lacemaker and a confirmed epi-

leptic, was brought to the hospital one night by two policemen. He had a rope twisted round his neck, and one of the policemen held the rope, which he could tighten by twisting at pleasure. The man was barking like a dog, and when set free went on all fours and tried to bite the legs of those standing by. On account of his persistent efforts to bite, he had been somewhat roughly handled by those in charge of him, and it was evident that he was not voluntarily playing a joke. He was speedily cured by a cold bath. He was brought up on several subsequent occasions in a state of great excitement, but without the above serio-comic proceeding. These states of excitement usually followed, sometimes preceded, and occasionally replaced, an epileptic fit, as is often observed in other cases. On none of the other occasions was the excitement so like "hysteria," and though he frequently attempted to bite, he did not again "bark" or imitate a dog.

PECULIAR CASE OF TRIPLETS.

By HERBERT JAMES ILOTT, M.D. ABERD., Bromley, Kent.

Mrs. G., aged 30, was taken in labour in her fifth pregnancy on September 21st. The waters were discharged at 3 A.M., and pains continued throughout the day. At 7 P.M. she was seen by Dr. H. J. Clements, acting as *locum tenens* for my partner, Dr. Beeby. I arrived shortly before 8 P.M., and found that the head and shoulders of a child were born, and that difficulty had been experienced in effecting further delivery.

I then took charge of the case, and after applying traction and leverage from before backwards and in the opposite direction, I effected a further descent, and found that the cause of the obstruction to delivery consisted in the fact that the body of a second foetus was united to the side of the pelvis and sacrum of the first. The legs were bent up along the sacral curve, and the arms extended above the head behind the pubes. I effected delivery by drawing down the legs, and subsequently the arms, and finally the head. The children were alive, and cried, though not strongly. After securing and dividing the cords I again examined, and found a tense bag of membranes presenting. On rupture I found I had to deal with a breech presentation. This was after a short interval delivered, the pains being aided by traction with the finger bent over the thighs. The child was a small, well developed female, with no abnormal feature.

On examination of the first delivered double foetus it was found to present the following peculiarities. The bodies were normal to below the level of the umbilicus. They were then fused by a broad junction 3 inches from above downwards and 2 inches from before backwards, resulting from the union of the left sides of the iliac bones and the sacral vertebrae, the two vertebral columns converging together.

At the junction was a small spina bifida, with thin skin covering the bulging membranes of the cord. Anteriorly, below the union of the opposite sides of the pelvis was an elevated cutaneous fold. Below this were two nymphæ terminating in two rounded cutaneous folds answering to labia majora. On closer examination a second and smaller set of nymphæ internal to the first named were seen, and between these the orifices of a double vagina. Into one of these a probe passed for the distance of 1½ inch, into the other to a somewhat less extent; superiorly was a vestibule with a small papilla, which was imperforate. There was no clitoris; a shallow groove led

(A double
monster)