appreciable difference between the two sides in front, both affording good resonance, slightly defective perhaps under the left clavicle; evident dulness over the superior scapular region of the left side.—*Auscultation*: Respiration healthy over the entire right side; of slightly diminished intensity, with increased resonance of voice and cough, under the left clavicle; cavernous respiration, voice and cough with large moist crackling over the supra-spinous fossa of the left scapula; around this spot and throughout the remainder of the lung, the respiration healthy.

Treatment.—A blister beneath the left clavicle; the mineral acids, with the syrup of the iodide of iron.

This patient resided in the country, and did not return to the hospital, from which it may be presumed, that the case rapidly terminated unfavourably.

Remarks.—The circumstances attending the above case, afford an apt illustration of the necessity of careful examination of the *entire* chest, in *all* cases of pulmonary disease. Had the anterior regions been alone examined, without removing the patient's clothes, the really advanced nature of the affection would have been overlooked, and a probably too favourable prognosis given. The amount of apparent disease which existed in the front of the chest, was by no means sufficient to excite immediate alarm; indeed, had it not been for the previous occurrence of hæmoptysis, the physical signs elicited from this part might have been attributed solely to congestion.

A single cavity situated in the posterior surface of the lung, surrounded by apparently nearly healthy structure, is unusual. The fact of its occasional occurrence should direct attention to the condition of the posterior and middle portions of the lung, even although the anterior aspect present but slight indications of disease. At the request of the friends of the patient to be made acquainted with the condition of the lungs, a very unfavourable prognosis was given. This may have operated in preventing his return to the hospital, although I fear, from the obvious emaciation and debility, that a fatal termination has ensued.

(To be continued.)

CASE OF CATALEPSY: EMPLOYMENT OF ELECTRO-MAGNETISM.

By W. HENCHMAN CROWFOOT, F.R.C.S., Beccles.

J. H., aged 30, of a delicate constitution, and very sensitive mind, but of loose and intemperate habits, had been sentenced, for a slight offence, to imprisonment and hard labour in the Beccles prison. From the first moment of his committal he seemed to feel most acutely the disgrace of his situation; he associated very little with the other prisoners, was silent, and exceedingly depressed. Whilst at work on the treadmill, on the afternoon of the 15th of last June, he complained of giddiness and of some pain in the head, and had a slight bleeding from the nose; he asked, and obtained permission, to retire to his cell, where the turnkey found him on his bed, at six o'clock, in a state of insensibility. He was pallid, the pupils were dilated, and the pulse weak and quick; he sobbed occasionally like an hysterical woman; some cold water was dashed on his face, but produced no effect. He was removed to the infirmary of the prison; mustard

poultices were directed to be applied to the calves of the legs, a blister between the shoulders, and some aperient medicine to be given till it should operate.

June 16th. 8 a.m. The aperient medicine has operated freely; he is sensible when spoken to, but unable to speak; the urine passed is high-coloured; the pulse weak, and variable as to frequency; when questioned as to his having any pain, he puts his hand to his forehead; he had taken no food, but was now prevailed on to swallow a little milk. As he complained of his head, he was placed upright, and a vein opened in the arm, but after the loss of about two ounces of blood he became pallid and faint, and the arm was immediately tied up; the blood was thin, and loose in its texture.

6 p.m. Quite insensible; has passed no urine since the morning.

9 p.m. Insensible, but some high-coloured urine had been passed, after indications of much uneasiness; some milk had been got down with much difficulty, and attempts to have more swallowed were desired to be made during the night.

17th. 7 a.m. Much improved; at about five o'clock this morning he became sensible, and spoke to the men who were placed to take care of him; he still complains of pain in his forehead; is unwilling to speak much, and seems to be quite unconscious of what passed yesterday; his pulse varies from 80 to 100; skin moist; urine high-coloured. To repeat his aperient, and continue his milk. His wife, who arrived this morning, says that he had a similar affection about nine years since, which lasted several weeks, during which time he had frequent returns of insensibility.

8 p.m. The medicine operated in the morning; at noon he again became insensible, when it was discovered that his upper extremities retained any position in which they were placed till they were again moved by the bystanders, but they could easily be made to assume any posture, as if made of a flexible metal, so exactly balanced were the powers of the flexor and extensor muscles. This cataleptic condition did not, however, extend to the lower extremities, as the legs, if raised, immediately fell on losing their support. The power of swallowing was now entirely suspended; the pupils were insensible to light; and the pulse varied from 80 to 120 beats in the minute.

10 p.m. Consciousness appears to be returning; some milk has been swallowed, and the patient has passed his urine upon being desired to do so.

18th. 8 a.m. Had been restless during the early part of the night, but about midnight he became again cataleptic, and remained so for about three hours, when he awoke, but relapsed into the same state at five o'clock, and still continues in it. Pupils slightly dilated and immovable; pulse 70; skin moist; no urine has been passed since last night, but about a pint of milk was taken during the lucid interval. There is a remarkable absence of all expression in the countenance.

8 p.m. At about eleven o'clock in the forenoon the patient became sensible, passed his water, and took some food. He complains of pain in the forehead, and in the left side of the epigastrium; pulse 70; tongue clean; he is very disinclined to talk. During the attacks the pulse varies much as to force and

frequency; the face is generally pale; the respiration sometimes laborious, at others scarcely audible.

19th. 8 a.m. Another cataleptic seizure at half-past nine o'clock last night, which still continues, but is confined to the trunk and upper extremities. No urine passed during the night, nor any nourishment taken; skin moist; pupils dilated.

At about nine o'clock it was decided to try the effect of electro-magnetism, and wires, connected with a powerful electro-magnetic machine were applied to the right upper extremity. The first effect produced was the immediate contraction of the flexor muscles of the fore-arm, causing the hand to be clenched; this was followed by a convulsive action of the lower jaw, and an alternate and rapid protrusion and retraction of the tongue. On stopping the machine these effects immediately ceased, but the cataleptic state remained unaffected. After an interval of ten minutes the wires were re-applied, the machine put into more rapid motion, and kept in action for a longer time. The muscles of the arm first became convulsed, then those of the jaw and tongue, next the diaphragm and intercostal muscles, occasioning most violent and irregular respiratory efforts, and raising the pulse from 60 to 140 beats in the minute. The left leg next became convulsed, and afterwards the right, and there seemed to be scarcely a muscle unaffected, although the wires were only applied to one upper extremity. For a time the state of the patient was really a frightful one, but soon the convulsions subsided; violent sobbing succeeded, and sensibility gradually returned, but there seemed to be a total unconsciousness of all that had passed. Some milk was now taken, and some high-coloured urine was passed, which had a specific gravity of 1.030, was acid, and slightly albuminous.

6 p.m. No return of the attack since the morning; has taken some food; pulse 65; tongue white; complains of pain in the forehead and epigastrium.

20th. 8 a.m. The patient has passed a good night, but is weak and low this morning. The bowels were moved in the night; pulse 60; tongue furred; no return of catalepsy.

6 p.m. No attack to-day; has taken more food, but is now thirsty and rather feverish; tongue white; the bowels have been again relieved.

10 p.m. At a quarter before nine o'clock he began to sob, and soon went off into a cataleptic fit; the eyes are open and the pupils dilated; on the approach of a strong light the pupils contracted, but soon became again dilated, though the light was not removed; pulse 80; respiration abdominal. The electro-magnetism was again had recourse to, and with very similar results, except that the convulsions were not quite so violent; the pulse rose in frequency to 130, and the respiration was most hurried and irregular. After a time the convulsions gradually subsided; the sensibility was restored; the pulse fell to 60, and he was soon as well as before the attack, but he positively asserts that he had been quite unconscious of all that had been passing.

21st. 8 a.m. Has had a restless night, but no return of the disorder; tongue coated; slight pain in the forehead; is very unwilling to take food. To repeat his apéritif.

22nd. 8 a.m. Has passed a good night; the bowels have been well acted upon; there has been no return

of catalepsy; he still complains of pain in the head, but he is decidedly improving.

23rd. Much as yesterday; is now up, but complains of great weakness.

24th. Had a slight cataleptic attack last night, but is much better to day, and able to get down stairs.

25th. Weak, but apparently free from disease.

26th. The prisoner was this day discharged and sent back to his family, since which time I have heard nothing of him, except that, being unable to face his former associates, he soon left the neighbourhood, and went to London.

Catalepsy appears to be nearly allied to that Protean disease, hysteria; and I should have been disposed, in a female, to have considered the early symptoms, in the above case, to be indicative of that disorder; but they soon assumed a cataleptic character. The equivocal nature of the disease, in the first instance, made the proper mode of treatment uncertain. The giddiness, headache, and bleeding from the nose, seemed to point to vascular congestion; whilst the feeble pulse, pallid countenance, and convulsive sobbing, marked its nervous character.

The electro-magnetism evidently cut short the cataleptic attacks, but the convulsive action of the muscles which it produced was, for a time, really frightful. The gentle purging, the mild diet, and the great kindness which the prisoner met with from his attendants, had probably much influence in effecting the improvement which took place in the disease before he left the jail.

Many years since I had a cataleptic patient under my care for a considerable length of time, in whom the morbid phenomena differed materially from those which occurred in the above case. The patient was a nobleman, about 30 years of age, married, and the father of a family; he had been epileptic for many years, and subject to catalepsy during the intervals between his epileptic attacks. During a cataleptic seizure, he would remain fixed as a statue, in whatever position he might happen to be, with a countenance void of expression, and with a perfect unconsciousness of all that was passing around him. At dinner I have seen the spoon, or the fork, suddenly arrested in its course, and, after a few minutes, carried to its destination, as if no interruption had taken place; but what is still more remarkable, I have often known him, in conversation, to be attacked in the middle of a sentence, when he would stop short, remain fixed for some length of time, and then resume his discourse precisely where he had left off, and apparently employ the very words which would naturally have followed those he had last used.

In this case all treatment was unavailing; he went to the Continent and died abroad, but of what disease I do not remember to have heard.

CASE OF HYDROCELE: TREATMENT BY IODINE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

In the last number of your Journal you have inserted a "Case of Spontaneous Cure of Hydrocele," communicated by Mr. F. Cox, of Welford. Will you do