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

me the favour of inserting the following case, which occurred in the practice of my respected friend, Mr. Charles Fowler. I shall leave your readers to form their own opinion as to the efficacy of iodine in the cure.

I remain, Sir,
Your obedient servant,
CLEMENT HAWKINS.

Cheltenham, November 5, 1846.

Richard Jackson, aged 36, a labourer, was admitted into the Cheltenham Hospital, February 18th, 1833, with a large hydrocele, which he stated had existed three years. About two years and a half since, he applied to a medical practitioner, who told him he had a rupture and nothing could be done for him. He applied as an out-patient, February 11th, when Mr. Fowler having satisfied himself that the case was one of large hydrocele, ordered him to take Potassii Iodidi, dr. ss., ex Infusi Juniperi, oz. ij., ter quotidie. And to rub in over the tumour, one drachm of the following ointment twice daily:—R. Ung. Hydrarg. Fort., oz. j.; Potassii Iodidi, dr. iss.; Cer. Cetacei, oz. j.

February 18th. He was admitted into the house; the tumour was not diminished; the scrotum was rendered sore from the friction. Mr. Fowler tapped the swelling, and drew off three pints and a-half of highly-coloured fluid, and injected the sac with a solution of sulphate of zinc, which occasioned considerable pain for an hour after the operation.

20th. Says he has felt no pain since yesterday afternoon.

23rd. The fluid is accumulating again. He left the Hospital and was told to return in a fortnight.

April 10th. He was again tapped and about the same quantity of bloody fluid evacuated, which did not coagulate on standing; no injection was used.

May 20th. The tumour as large as ever. R. Potassii Iodidi, dr. j.; Cer. Cetacei, oz. j. Fiat unguentum; dr. ij. nocte manequa utend.

June 3rd. Tumour perceptibly diminished. R. Tinct. Iodini, m. xx.; ter quotidie sumend.

17th. Tumour much reduced in size.

September 2nd. He was discharged perfectly cured.

I witnessed the progress of this case during the time I was a pupil, and will vouch for the accuracy of the statement, which I have transcribed from notes taken during the treatment.

CLINICAL REPORTS OF SURGICAL CASES UNDER THE TREATMENT OF WILLIAM SANDS COX, ESQ., AT THE QUEEN'S HOS- PITAL, BIRMINGHAM.

By PETER HINCHES BIRD, one of the Resident
Medical Officers.

CASE IV.

SUB-ACUTE SYNOVITIS.

John Livingstone, aged 29, a stamper by trade, admitted into the Queen's Hospital, January 22nd, 1846. He states that about two weeks ago he was exposed to rain and wet, when his knee became inflamed and painful, the pain and swelling coming on at the same time; he has got worse ever since; has

never had any affection of the joint before; about three years ago he had rheumatism, and has ever since been troubled with swelled feet and ankles.

Present state.—The knee-joint of the left leg is much enlarged, and is much swelled, the swelling occupying principally the lower and anterior part of the thigh, and the spaces between the ligaments of the patella and the lateral ligaments, the patella being pushed forwards; the swelling gives a sense of fluctuation to the finger; there is no fulness about the bursa mucosa; can perform extension of the limb much better than flexion; complains of rather acute pain in the joint, also of pain in the back; has no palpitation of the heart; his water is high-coloured, with a copious reddish deposit of lithates; bowels open; pulse 86; tongue rather coated.

R. Mist. Salinæ, Oss.; sum. oz. j., quartis horis.
Hab. Empl. Lyttæ genu. Empl. roborans dorso.

24th. Blister rose well; less pain; the joint is rather smaller.

26th. Blister discharges well; general pain relieved; slight pain across the patella; health improved; urine lighter in colour; bowels not freely open. R. Pil. Coloc. Co., ij. horâ somni sumend.

30th. Blister quite healed; no pain in the joint; complains only of stiffness.

February 3rd. Joint less; appetite indifferent. Rept. Empl. Lyttæ genu. R. Inf. Cascariillæ, oz. viij.; Magn. Sulph., oz. j. M. Sumat oz. j. ter die.

8th. Blister rose well; stiffness less; the joint is getting smaller.

17th. The blister has discharged plentifully and the effusion has gradually decreased; no pain; but the joint feels stiff and weak, and appears of the same size as the opposite one. To have a roller nicely applied. Continue the medicines.

27th. The inflammation has quite subsided; no pain in the joint; health improved; to have the joint strapped.

March 2nd. Can use the limb freely without any inconvenience; there is only a slight degree of stiffness left. Discharged cured.

Remarks.—The above is a case of sub-acute synovitis occurring in a person possessing the rheumatic diathesis, the exciting cause being exposure to cold, which is the most frequent cause of inflammation of the synovial membrane; the knee is more likely to be attacked than any other joint, as it is more exposed to the effect of atmospheric influence. Inflammation of the synovial membrane from constitutional causes, of which the present case is an example, is generally less severe than other forms of it; for although an increased secretion of synovia is produced, there is usually no effusion of fibrin, nor any material thickening of the synovial membrane itself. In these cases, blisters are extremely useful, on account of the copious discharge of serum they produce, and of the counter-irritation they cause; so that a diminution of the size of the joint, usually follows their employment. Bandages and splints are of essential service in moderating the motions of the joint.

CASE V.

CHRONIC SYNOVITIS.

Sarah France, aged 23, of strumous diathesis, sempstress, admitted into the Queen's Hospital on