

other children, and four out of the five died of some wasting disease, said to be similar to B. W., but as I did not see any of them I am unfortunately unable to state its nature.

### Selections : Medicine.

**FUNCTIONAL VOMITING OF HYSTERIA.**—In an article in the *Practitioner* for March, 1883, Dr. Bristowe, of St. Thomas's Hospital, throws a strong light upon the pathology and treatment of this very troublesome malady. He shows that in many instances the irritation exists not in the stomach, as we have hitherto supposed, but in the œsophagus, and that food artificially made to pass over the seat of irritation will be retained, the system nourished, and health restored.

In the spring of last year an aggravated case of hysterical vomiting was admitted into St. Thomas's Hospital. The girl had been constantly vomiting for about four months, and, as a result, was extremely thin and weak. No sign of abdominal disease. Various remedies and plans of feeding were tried without success. It was then suspected that the food never reached the stomach at all.

The act of deglutition was—it had always been—perfectly performed. The mouthful descended to the œsophagus, and then at the end of a minute or two, after the patient appeared to suffer from a great deal of discomfort, she brought it up, as was her custom, without violent straining, but with efforts that fairly well resembled those of vomiting. There were never any clear symptoms of indigestion, no uneasiness after food, no flatulent distension, or tendency to eructate. She vomited all kinds of food, liquid or solid, equally, no matter how little or how much was taken. It seemed impossible that she could vomit from the stomach without the most violent efforts, the minute proportion of milk, ice water, and raw beef which were often administered to her, which, nevertheless, she did reject (after swallowing) almost without change and almost without effort.

Dr. Bristowe's experience furnished him with three examples of a somewhat similar condition. The first, that of an elderly clergyman who suffered from megrim and a peculiar spasmodic affection of the œsoph-

agus. Some time since he took at night a dose of morphia for the relief of a threatened attack of megrim, without the expected relief or even sleep following, until half an hour or so after breakfast next morning, when he became drowsy. He felt satisfied that the drug had lain in his gullet all night, and that it had only been carried into his stomach with his breakfast. This suspicion was on other occasions confirmed, for since then the dose has either behaved similarly or has been rejected in the morning.

The second case was that of a hospital patient, a man over fifty, who had suddenly about a week before admission become incapable of swallowing. Here, the impediment was clearly in the upper part of the œsophagus. An instrument was passed into the stomach. The patient swallowed, after the withdrawal of the instrument without the slightest difficulty, and the dysphagia never returned.

The third case was that of a young man, aged twenty-four, in whom functional vomiting eventually caused death. The only lesion discovered was dilatation of the œsophagus, with hypertrophy of its walls. Dr. Bristowe goes on to say: "I now naturally attached more importance than I had done to the history which he gave of his illness; I admitted that his dilated and flaccid œsophagus had formed a virtual impediment to the entrance of food into his stomach; I became impressed with the important practical fact, that in œsophageal obstruction vomiting may be delayed for half an hour or more, as it is habitually in pyloric stricture; and above all things, my unfortunate experience taught me the importance, in all obscure cases of persistent vomiting, of not omitting to examine the œsophagus, or try the effects of injecting food directly into the stomach."

To return, then, to the case first mentioned, of which complete details are given.

She had been suffering for some three years from an hysterical affection of the hip-joint, and was admitted in May, 1882, for the gastric symptoms. Although the joint affection persisted, it formed a less prominent subject of complaint than it had done previously.

From the first she continued to vomit after whatever was taken; the vomit consisting mainly of the food swallowed and mucus, and the sickness generally coming