

called in next day, who pronounced the case gastric fever and left a bottle of medicine. The next day the essayist saw the case. Patient was in bed, head thrown back, very restless and irritable; he was unable to move the right hand and arm; the grip of the left was very much weakened; required to have constant rubbing and raising of the arms and crossing of them over the chest. Mustard was applied to the neck and the lumbar region; calomel administered; hypodermic morphia given in the neck; urine passed by catheter only; patient became somewhat delirious; morphia, atrophina and strychnine were given; pulse got as low as forty-nine; applications were made at the spine of iodine, mustard, etc., at different times; potassium iodide was ordered in five grain doses every two hours; symptoms of iodism followed; extremities, during attack, cold; condition continued. The first sign of returning power was about the sixth day, when patient tried to brush a fly off his nose. To overcome the inactivity of the bowels, croton oil was administered. Temperature never ranged very high. Nutrient enemata seemed to do good; mercury by inunction was ordered; stomach very irritable throughout, accompanied by hiccough. Eleventh day the patient began to improve considerably. Gradually the sedative treatment was stopped. Power returned in the hands and arms, and the bladder and bowel symptoms improved. The doctor thought the cause of the trouble was not definite. The family history was good. The patient himself thought the trouble was brought about by worry he had had over some rumors which had been carried to his mother-in-law. He had had a wordy war with this person and had not felt well since. The doctor thought if any medicine did any good it was the iodine. The croton oil did move the bowels, and improvement continued under the use of inunction after the iodide was stopped. Nourishment by rectum contributed much to the recovery. Convalescence was slow.

Dr. Meyers said certain symptoms of the case pointed to meningitis, but other symptoms excluded this, particularly the absence of fever and eye trouble, and if the disease had been due to graver lesions recovery would not have taken place so soon. His own opinion of the case was that it was hysterical or functional paralysis. In these cases the urine was often retained. The suspicious point was the brushing of the fly off the nose when paralysis was present. The diagnosis was borne out by the cause—mental excitement previous to the coming on of the attack.

Dr. Oldright added that another point which emphasized the neurotic nature of the attack was the fact that the patient got relief from having somebody move his arms backward and forward.