

ous depression and timidity (so that she was unable to speak to a stranger), and absolute anorexia; skin dry and rough; menstruation irregular; entirely dependant on chloral and morphia for sleep. Had been nine years upon her back. In six weeks she was walking about. She now plays tennis, goes out to picnics and parties, and enjoys life like any one else.

Case IV. This case must be well known to many members of the profession, since there is scarcely a consultant of eminence who has not seen her during the sixteen years her illness has lasted. Dr. Playfair's acquaintance with the case is curious. He first saw on the esplanade, at Brighton, a remarkable party at which everybody was looking. The chief personage in it was a lady, reclining at full length on a long couch, and being dragged along, looking the picture of misery, emaciated to the last degree, her head drawn back in a state of opisthotonos, her hands and arms clenched and contracted, her eyes fixed and staring at the sky. There was something in the whole procession that struck him as being typical of hysteria. She had been dragged about Brighton in this way for ten or twelve years. Dr. Playfair took charge of the case on the 14th January, 1882. She exhibited the following symptoms since 1864, when she was first attacked with paralysis of the left arm: complete paraplegia, left hemiplegia, complete hysterical amaurosis. She had been bed-ridden since the illness began, and had not passed urine spontaneously for sixteen years. There was "awful suffering in the spine, head, and eyes," requiring the use of chloral and morphia in large doses. The following are the brief notes from Dr. Playfair's note-book on the day of his first visit: "I found the patient lying on an invalid couch, her left arm paralyzed and rigidly contracted, strapped to her body to keep it in position. She was groaning loudly at intervals of a few seconds, from severe pain in her back. When I attempted to shake her right hand, she begged me not to touch

her, as it would throw her into a convulsion." Said to have had epilepsy as a child. Daily and hourly attacks of loss of consciousness. The left arm and both legs are paralysed. Takes hardly any food and is terribly emaciated.

The first night she was in the Home Hospital, in Fitzroy Square, she shrieked and groaned so much that no one in the house was able to sleep. On the next afternoon, between 3 p.m. and 11.30 p.m., she had had nine violent convulsive paroxysms of an epileptiform character. The next day she was quieter. On the fourth day she passed urine spontaneously, and the catheter was never again used. In two months she went a sea voyage to the Cape. She now remains in robust health, and joins with pleasure in society.

In the discussion which followed, Dr. Clifford Allbutt mentioned a case he had sent to Dr. Playfair from Yorkshire. She was removed to London under chloroform, swung in a hammock. She was cured in about six or eight weeks, then went on a sea voyage, and was perfectly well ever since.

Dr. H. Bennet (Weybridge), felt inclined to break a lance in favour of the old Hippocratic doctrine, which referred hysteria in many cases to the uterine organs, especially in young females. He had introduced to the profession a fact now generally acknowledged, viz., that uterine disease, inflammatory and otherwise, was not unfrequently found in virgins. He had, in many cases, cured them merely by getting at the disease, and removing it.

Dr. Playfair, in reply, said that he had not sufficient experience of the effect of the treatment in men, although, doubtless, in suitable cases it might answer well. In chorea it certainly did good. Real organic disease is a positive contra-indication. Hitherto none of his cases have relapsed.

AGARIC IN THE NIGHT-SWEATS OF PHTHISIS.

Agaric\* is a fungus of the larch. It is known in botany as the *agaricus laricis*,

\* Dr. Murrell—*The Practitioner*, November, 1882.