

movements. The application of the hot sponge and ice conclusively proved the absence of any inflammatory lesion of the cord. No bulging or undue prominence of any of the vertebræ can be distinguished. Both legs have completely lost the power of motion, but there is no anæsthesia. Tickling the soles of her feet with a feather, and the insertion of the galvanic needles in the dorsa of the feet, produced considerable excitomotor action; but not more than her temperament or diathesis would naturally account for. There is paralysis of the sphincters of the bladder and rectum. She knows when she requires to defecate, but not when the act is accomplished. Her intellectual faculties are impaired, particularly memory. The woman is strongly built and plump; her heart and lungs in healthy play; skin harsh and dry; general nutrition good; of hopeful spirit. Pulse 104:—respiration 32. Saliva acid.

*Urine.* Her urine is strongly acid, and of very high specific gravity. She passes about 24 oz. in 18 hours,—pale, clear, very little deposit on standing;—becomes turbid in a few hours. Suspecting sugar, I applied the excellent tests of Horsley, Maumene, and Botager, but without detecting a trace. The urates are in large excess. Quantities of acicular crystals of nitrate of urea are readily obtained by the addition of nitric acid, but I failed to obtain uric acid. On evaporation, granular urates of soda and ammonia in irregular spherical masses were seen under the microscope.

*Treatment.* The patient was placed by Dr. Reddy on strychnia, and then on the tincture of the muriate of iron without benefit. *Galvanism* succeeded, more rapidly than is its wont, in winning back volitional power to the legs, and the firm and judicious management of the house-surgeon, Dr. Drake, secured the improvement. Up to June 20, 1863, I had passed the catheter daily; but now, simultaneously with the return of motion to the legs, micturition became free, quite suddenly. She left the hospital the same day, and in a few days had perfectly and rapidly recovered.

*Remarks.* These two cases have been thrown together to contrast the striking differences between hysterical paraplegia and paraplegia from myelitis. The former is described by Brown-Séquard, as a Reflex paralysis; and doubtless in many cases, possibly in the one now before us, it has had its origin in some irritation of the uterus or its appendages. Séquard however, admits the possibility of a purely hysterical paralysis, ascribing it, with Sir. B. Brodie, to a paralysis of volition, rather than to any true loss of mobility. There are two modes, then, in which hysterical paraplegia may arise: I. The emotional dominating the intellectual faculties, and producing a suspension of will. II. Reflex irritation of the uterine system. Analysing the illustrative cases before us, we find