

kind and degree of action, whether of flexion or extension, that this power called volition is exerting over the voluntary muscles at the moment of the accession, is immoveably preserved till the termination of the attack. Thus the diffusive current of volition is, as it were, stopt or frozen up, and its course through the muscles becomes fixed, and remains precisely in the same state, till the spell that fetters its influence is dissolved, and the seizure goes off.

I am aware, that the phenomena occurring in cases of Catalepsy, have appeared so strange and inexplicable to some medical men of great judgement who have never seen the disease, (among whom *Dr Cullen* may be mentioned), as to have created some doubt and suspicion about their reality. Of their existence, however, my individual experience has given repeated proof; and I may remark farther, that this affection is by no means confined to the female character, as I have seen two strongly marked cases in males. Neither does it occur particularly in hysterical habits, or where great susceptibility of impressions predominate; on the contrary, a degree of slowness to action, or inirritability of the system, seems to have accompanied the cases, and marked the character of those that have fallen under my care. These remarks are peculiarly exemplified in the character of X. Y., whose fibre by nature is endowed with no great mobility, who possesses great sedateness and calmness of mind, and with whom a correct education has extended the empire of reason to a great degree, so as to protect her from those morbid associations that have been deemed sufficient to constitute the hysterical character, and even to form complaints of a convulsive nature. In this case, too, the strong affections of mind, as exciting causes of disease, were silent and inactive.

November 1804.

R. L.

VIII.

A Case of Enteritis, with Remarks. By Mr James Rumfey of Amerisham, Member of the Royal College of Surgeons, London, and of the Royal Medical Society of Edinburgh.

IN November 1802, R—— B——, an athletic farmer, aged 25, was taken ill with severe pain of the belly, which was tense, and sore to the touch—vomiting, and fever, the bowels being constipated. Repeated doses of Calomel and Saline purgatives were given to him, without effect. The second day of his illness,

ness, he appeared much worse. Every thing was rejected from the stomach; and enemata produced no relief. He was then bled by the arm to the extent of nearly thirty ounces (the blood being very fizy), which was immediately followed by universal sweat and faintness; and within an hour he had a very copious faecal evacuation. The disease appeared to be at once subdued, all the symptoms quickly disappearing, although they had previously been exceedingly severe. That he might suffer no relapse, a large blister was applied to the abdomen, and strict abstinence was at the same time enjoined. But no return of any symptom happened.

It might perhaps be thought presumptuous to suggest any variation of the treatment of a serious disease from the result of a single case. Enteritis, however, is neither so uncommon a disease in itself, nor is it so unfrequently followed by a fatal event, but that the mention of any circumstances which place its treatment in a new light may be of use. The direct and immediate success of a copious bleeding, in the present instance, in which the other remedies could not be supposed to have any part, is the circumstance which I here propose for consideration. It is known that, in the usual order of proceeding in cases of Enteritis, purgative medicines are thought essential to the plan; and bleeding, though considered as of the greatest importance, is not always so employed as to produce a powerful impression upon the system at large. But, would not the entire omission of the former, and a more vigorous use of the latter, with its auxiliaries, consist better with our real notion of the nature of the disease? We believe it to be a simple inflammation of parts endowed with great sensibility, and in which inflammation cannot take place without an interruption to their functions. We know also that, in other inflammations, all things are carefully avoided which might irritate or increase the actions of the parts affected. Constipation is a necessary effect of inflammation of the bowels, as vomiting is of Gastritis. The principle of disease, the cause of all the symptoms, is in both the same; yet we do not expect to cure Gastritis by an emetic, though that may in some instances be necessary for the removal of the exciting cause. Probably the attention therefore ought to be directed entirely to the subduing of the inflammation, without regard to the constipation, which will end with the inflammation, and which may be called an accidental symptom, and, comparatively with its cause, of small importance. For although the bowels cannot be long inflamed without the greatest danger to life, constipation of itself often continues many days without serious inconvenience. It may be said that an accumulation of faeces

in the bowels, although not the cause of Enteritis, may aggravate the symptoms, and that therefore purgative medicines are necessary. Certainly it would be better to have the bowels free, if this could be obtained without a risk of failure. But the question here asked is this: As the effect of purgative medicines in Enteritis is by no means certain, and as the bowels are incapacitated from the performance of their functions by inflammation alone, would it not be better to avoid whatever must do harm if its intention fails, and to rely solely on the common means of removing inflammation? With this view, venesection *ad deliquium*, the warm bath, the application of leeches, and afterward of blisters, to the abdomen, with as complete abstinence as possible, not only from nutritious matters, but even from the thinnest liquids, used according to the violence of the disease, would afford perhaps a reasonable prospect of subduing Enteritis.

Note on Mr Rumsley's Case.

As some cases have occurred within the knowledge of the Editors, which were of a similar nature, and tend to corroborate the conclusions of Mr Rumsley, they have considered this case as not of solitary authority. The inferences of successful practice, as well as of rational theory, suggest that the constipation, which is the effect, and not the cause of the disease, should not be the symptom first attended to, and that additional irritation should be cautiously added to a membrane in a state of acute inflammation, before the means of subduing it have been vigorously used.