tion is a frequent and curious attendant of extensive burns, particularly of the trunk, and causes many fatal terminations. This remarkable associated lesion, which affects the mucous membrane of the small intestines, particularly the duodenum, is not well explained, and cannot always be diagnosticated, but the persistence of uncontrollable diarrhœa and vomiting should incline you to direct your attention to the probability of the existence of such lesion.

There are some structural changes resulting from burn involving destruction of integument which result in cicatricial contraction, and often require the aid of reparative or plastic surgery for their relief. The contact of denuded surfaces is liable to result in their unnatural union: so they should, by position and by dressings, be kept apart, and in parts liable to be deformed by contraction the healing integument should be kept stretched until long after cicatrization is completed.—*Phila. Medical Times.*

A CASE OF INVETERATE EPILEPSY SUCCESSFULLY TREATED BY ERGOT AND BROMIDE OF SODIUM.

By J.K. Bauduy. M.D., Professor of Nervous Diseases and Psychological Medicine in the Missouri Medical College.

In the treatment of such an implacable affection as epilepsy, specialists in the treatment of nervous diseases have few successes to signal in confirmed cases.

Therapeutic measures are ordinarily crowned with good results only under special circumstances, peculiarly favorable for their attainment.

When the malady orginates in eccentric causes which can be removed, reflex irritations, which, whilst recognizable are susceptible of eradication, together with epileptic manifestations which are acute or strictly incipient in character, and certain dyscrasia from blood poisoning: all these conditions constitute the sole varieties of this morbid affection which furnish a reasonable hope of cure. Idiopathic cases are usually irremediable; such at least is the usual experience of the profession at large. The following case, therefore, is of no little interest, and its peculiarities will afford an ample apology for its publication.

Miss——, *æt.* 18, consulted me in 1874. Her mother gave the *history* of her case, which I will state as concisely as possible.

She had been subject to attacks of epileptic convulsions from the age of 2 *years.* The attacks were of the nature of *grand-mal,* and occurred monthly. They thus continued until about the period of puberty, when they became greatly aggravated in frequency and intensity. The etiology was very obscure, if not altogether wanting. There was a vague reference to an accident sustained in early childhood or infancy, occasioned by the nurse falling with all her weight upon her, causing her to experience a severe blow upon the back of her head. Beyond the statement of the fall sustained, it was impossible to recall the subsequent development of symptoms which were directly or indirectly to be traced to such an injury. As stated before, when the catamenia were established, all the manifestations of the epileptic disease were intensified, on which occasions the periodical hemorrhage was ushered in with a violent convulsion. Five or six lighter attacks invariably followed during the course of the first day. On the second day two or three more seizures occurred. On the third day she usually escaped with one.

In order to convince the most skeptical, I may state *en-passant* that a most careful analysis of all the symptomatic developments most obviously corroborated the diagnosis of epilepsy. The profound loss of consciousness, the laceration of the tongue, the tonic followed by clonic convulsions, the great pallor of countenance at the commencement of the seizure succeeded by great lividity, the foaming at the mouth, the stupor or comatose condition which followed the convulsions, were all susceptible when viewed in one picture of but one possible interpretation.

The case could not properly be relegated to the nosology of hystero-epilepsy, because the characteristic *contortions* which are almost pathognomoic of that disease were entirely absent.

The most interesting collateral fact connected with the case was the frequent development of a singular and anomalous state of mental automatism.

Dr. Hughlings Jackson has offered to the literature of this subject some most interesting observations, the explanation of which has many features of the orginality for which that distinguished observer is so justly celebrated. He states that "the condition after the paroxysm is duplex: (1) there is loss or defect of consciousness, and there is (2) mental automatism. In other words, there is (1) loss of control, *permitting* (2) increased automatic action."

Dr. Hammond, in commenting upon these views in the recent edition of his most excellent work on Diseases of the Nervous System, states that "whilst in the main agreeing with Dr. Jackson, I am scarcely prepared to deny that such unconscious attacks may not be substituted for the more fully-developed paroxysms instead of, as in his opinion, always following a seizure."

My experience, however, especially that which is illustrated by the remarkable case we are citing, concurs with Dr. Jackson's views, that such phenomena are post-epileptic, and not mere substitutions for the seizure proper. This young lady, who was an accomplished musician, would perform most difficult pieces upon the piano, and when subsequently complimented by visitors, who were then present, would not have the most remote recollection of ever having played