

that matter is still placed in abortive remedies of might be styled the "transcendental" kind, the following description of a procedure, popular in England for over half a century, might be recorded. It is resurrected from its resting-place within the leaves of an old copy of the *London Standard* :—

A young girl fell down in the public streets of Paris in a strong epileptic fit. A crowd immediately collected around her, but for some moments nobody could think of any means of assistance. A *sergeant de ville* coming up, asked a bystander to lend him a black silk neck-cloth. With this he covered the girl's face and in the course of a few seconds she began to recover; the convulsions ceased; consciousness returned; she got up and walked home, having first thanked the officer for his kindness. A medical man, who happened to be present towards the termination of the scene, complimented the sergeant and said to him, "You have taught me a new mode of treatment."

Quite different, however, is it with those epileptic seizures which are the result of demonstrable peripheral causes—causes generally recognized both by the patient and his physician. These are capable of lasting cure by the removal of the irritant. Examples of such happy results are numerous, and have long been familiar to the profession,

A classical instance is that which occurred in the clinic of the celebrated French surgeon, Baron Larrey. It is to be found in *La Lancette Française*, No. 81, 1836 :

Case 1. Removal of necrosed bone. An old soldier had been wounded at the battle of Marengo, thirty-three years before, by a fragment of shell. The missile had struck him in the forehead and after a long convalescence he recovered, but there remained a discharge from a small fistulous opening above the brow. The patient soon became an epileptic, had daily attacks of convulsions, and when Larrey saw him more than thirty years afterwards, he was reduced to a mental and physical wreck. The great surgeon carefully examined the wound: probed it and detected with the sound a piece of dead bone. Upon the removal of the latter with a polypus forceps, the wound healed, the epileptic attacks ceased and the condition of the patient forthwith improved in every respect.

Excision of superficial scars. Cures brought about in this way are numerous enough. If the cases recorded in nineteenth

century literature were divided into two classes, the first class would include those in which to an unprejudiced mind there certainly was some definite connection between the cicatrix and the attack. Either the epileptic aura began by peculiar sensations in the scar itself, or it was a source of annoyance to the patient, justifying the idea that it contained imprisoned nerve fibers, which were acting as a genuine peripheral irritant. In the second category might be placed those scars the existence of which the patient and his friends had forgotten until they had their attention directed to them by the surgeon. Notwithstanding the cures that have resulted from the removal of such scars, one has a right, in view of the mysterious way in which other surgical methods (to be described later on) have produced cures, to be sceptical about the causal relation assumed to exist between the scar and the epilepsy. One example will suffice :

Case 2. (4) A boy, age 8, suffered from severe, frequent, and typical epileptic seizures. He had an aura which began by twitching of the muscles of the right side of the face. It then spread to the throat, and finally involved the whole body. On the right parietal bone there was a large, tender scar (the result of a fall), and it had been noticed by the parents that shortly after the wound healed, the epileptic attacks began. The cicatrix was excised, the fits disappeared and two years afterward he was mentally and physically healthy.

Removal of splinter. An interesting case well illustrating a cure of epilepsy by the removal of a peripheral irritant is detailed by Franz Rheins. (5)

Case 3. A perfectly healthy locksmith received a wound in the hand from a splinter of cast-steel, a portion of which lodged in the back of his left hand, about the head of the fourth metacarpal bone. It was not removed and the wound healed completely. Four months later the patient had an epileptic attack, which was repeated during the night. Rheins at once cut down upon the offending foreign body and removed it. The shell splinter was one ctr. long, and one-half mm. wide. A year and a half after the operation the patient had had no return of the attacks.

4. Klaatsch in *Weiner Med. Wochenschrift*, 1 und 2, 1857.
5. *Alg. Med. Central-Zeitung*, xlvii., 23 1878.