

tion of certain drugs, as bromide; it may exist, attending primary or secondary degeneration affecting the lateral columns of the cord; it may exist in some cases of hemiplegia, from hæmorrhage in the internal capsule; lastly, it may exist in the early stages of parietic dementia, except in those cases in which the posterior columns were primarily involved. As the knee-jerks are often pronounced or excessive in neurasthenia, hysteria, alcoholism, and mental fatigue, we must admit that in many instances the interpretation of such a symptom is more difficult than the interpretation of the absence of knee-jerks.—Wm. Leszynsky, M.D., in *N. Y. Med. Jour.*; *Internat. Med. Mag.*

### A CLINICAL NOTE ON THE TREATMENT OF EPILEPSY BEFORE THE HABIT IS FORMED.

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Though many links in the chain which would represent the complete pathology of epilepsy are lacking, enough is known to furnish occasionally a clue to rational treatment, and whether our measures may be addressed to some etiologic factor or be symptomatic as the administration of the bromides for the control or diminution of the attacks, it seems fairly evident that in the majority of instances the longer and more frequently the seizures have been occurring the greater will be the difficulty in abolishing them or diminishing their frequency.

In a general way, the influence of long-continued recurrence is recognized under the name of habit, and is no doubt to be accorded some importance; for it will scarcely be necessary to adduce illustrations of the influence of habit on many of the functions of the body.

Undoubtedly, in the treatment of epilepsy, more brilliant results will obtain in those cases in which the cause is ascertainable and of such a nature and so situated that it can be efficiently treated, and in particular will we be entitled to expect a successful result if the case comes under observation while still showing only the minor forms of its manifestations; but even when we are unable to direct our measures from an etiologic standpoint, and must rely upon the ordinary routine means, if the treatment be thorough and energetic, begun at an early date and continued for a long period, we may cure some cases that would prove incurable if subjected to treatment at a later date. This applies to the cases subjected to any therapeutic whether surgical (at any point from the vertex to the soles of the feet) or medicinal, as the usual course of the bromides. In these cured cases, however, there is occasionally a lingering doubt

that those presenting only the minor manifestations might fail to develop into *le haut mal*, but no one can doubt that a proportion still remains in which if *le petit mal* be relieved the patient is saved from the greater events of the disease.

By way of illustration, I will cite two instances of the minor form, presumably of reflex origin, and associated with that somewhat overworked source of irritation, phimosis.

The first case, a boy about six years of age, had for several months been noticed to act peculiarly during urination. That fact was reported to me, and I requested the parents to note carefully the events occurring at that time; the report embraced the statement that he would defer the act as long as was practicable, and then, when about to accomplish it, would seem agitated as by fear; his face would become pale, he would start backward a step or two, his body would become rigid, and there appeared to be a momentary unconsciousness; but as the urine began to escape these symptoms would diminish so that at the completion of the act, or a few moments thereafter, he would be ready to resume his play or studies.

It was some time before I saw the child for examination, for in response to my inquiry as to the condition of the prepuce, by a mistake I was told it had been examined and pronounced in a normal condition, but the symptoms becoming more pronounced and the evidence of a brief loss of consciousness becoming stronger, I insisted on seeing the child, and an examination showed a phimosis with a pinhole orifice, and at the incision I found the prepuce strongly adherent to the glans over quite a portion of the surface. For two or three weeks after the incision the symptoms continued, but in a gradually diminishing degree, the diminution apparently keeping pace with an increasing confidence that the old sensations had been removed, and finally the trouble definitely ceased without the administration of any drugs.

The other case was that of a lad ten years of age, who had shown no trouble prior to seven months of age, aside from measles when five months old. The first signs consisted of slight convulsive seizures, consisting mainly of rigidity of the muscles of the trunk and oscillation of the eyes, though at eight months there was some paresis of the right side which persisted for quite a period. For about eight years the attacks recurred on the average from three to six times daily, were brief in duration, and were not followed by somnolence, but the frequency would be increased during the continuance of intercurrent illness. During the following two years the attacks did not notably increase in frequency, but they became somewhat more severe, and were followed by a stupid or drowsy state. The father consulted me concerning him in an incidental way, and I advised that he should have him examined, particularly in re-