

advocacy and practice of this operation for the relief of functional nervous diseases, that Mr. Baker Brown (52) got himself into trouble twenty years ago. His idea was, that *many* cases of epilepsy (for example) in females, were the result of irritation (sometimes connected with, sometimes unconnected with self-abuse) residing in the superficial pudendal nerves. To him, the removal of the cause appeared to be the correct thing, and he began to excise the supposed offenders. However it may have produced its effects, there is evidence to prove that cases of recovery from epilepsy did occur *after* clitoridectomy. Reynolds (53) thinks that an operation of severity equal to that of the removal of the clitoris, (or circumcision) might prove equally serviceable in some cases of epilepsy *if performed on the back of the neck, the mouth or the toes*. He is of the opinion that it is mainly through the strong impression made upon the mind, or a violent change in the body, that the operation mentioned, as well as tracheotomy, etc., produce their effects.

*Nerve stretching*.—That some ill-defined alterations in the nervous elements, both peripheral and central, might be productive of remedial results, is the reason given for nerve stretching in epilepsy. There are a few instances recorded where the offending (or suspected) nerve has been stretched with good results in idiopathic epilepsy. Prof. von Nussbaum (54) publishes a case of cure.

*Case 13.* A man, suffering for many years from frequent attacks of epilepsy, presented himself for treatment. He had double *pes equinovarus*. Both tibial and peroneal nerves were laid bare at the popliteal space for 7 ctr. of their course, and stretched with the forefinger. The fits ceased, and for six months after the operation—while he was kept under observation—he has not had a single attack of epilepsy.

*Spontaneous cures*.—It is natural and proper that when an operator succeeds in curing a case of epilepsy and the procedure

is a new one, that he should put forward some hypothesis to account for the *modus operandi* of the surgical treatment which resulted so favorably. But the absence of relationship in our present state of knowledge between remedy and cure, is in many cases so evident that the author wisely, it seems to me, either attempts no explanation at all, or adds his history to the accumulated list "spontaneous" cures. No room can be given here for discussing even the most interesting of these, but reference to many of them will be found in the "Index Catalogue of the Surgeon General's Library," under a special heading. A good example is given by West (55) which I am tempted to copy in full. The author does not assume that the abscess mentioned had any connection with the interior of the skull:

*Case 14. Bursting of abscess.* "A boy, aged 10, suffered from occasional attacks of *petit mal* in February. In the following August the attacks became regular epileptic seizures which increased in severity and frequency, and in the succeeding March returned several times a day, and were accompanied by marked impairment of his mental powers and by an unsteady and tottering gait.

After two months' trial of various remedies and the insertion of a seton in the back of his neck, he left the hospital worse than on his admission. On June 13 he fell in a fit and struck his occiput a violent blow. A large abscess formed here which burst of its own accord, continued discharging for a few days and then healed up. It is just two years since this happened, and from that time to the present there has been no return of the fits; the boy has recovered his power of walking and has all the cheerfulness and intelligence that befits his years."

*Tenotomy of the ocular muscles*.—If this study of the curative effect produced by operative measures in idiopathic epilepsy have any practical value it depends upon the fact that it throws some light upon the *status* of a surgical proceeding for which much is now being claimed, viz.: tenotomy of the muscles of the eye. This is the latest surgical treatment which has been proposed for idiopathic epilepsy, and its author, Dr. George T. Stevens, of New

52. Vide his small book, "Insanity, Epilepsy and Hysteria in Females."

53. Practice of Medicine. Vol. 1, p. 782.

54. *Pract. Med.* Blackwell, London, 1875.

55. Diseases of Children. American Edition, p. 181.