Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, May 13th, 1887.

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

Pathological Specimens.—Dr. JOHNSTON exhibited specimens from a case of *perityphlitis* in a girl aged 12. There was no lesion found in the brain.

Dr. BLACKADER said that he had been called in consultation in the case. The girl complained of pain in the back, right iliac region, and down the right leg. A week before, the attack had set in with vomiting and abdominal pain when the mother had given a purgative. There was no marked rise of temperature (101-102), and the pulse never was high. Abdomen was tender and tympanitic. The child had been brought to him formerly for convulsions, which set in first on right side, then becoming general, lasting about twenty minutes. He had been able, also, to elicit clonic movements of that side, first of the arm, then of the right leg, but they did not become general. These nervous symptoms yielded to arsenic, and her general health was good. The convulsions, however, continued up to three o'clock of the day previous to death.

Dr. JOHNSTON exhibited specimens of *tubercle of the trachea* from a case of general tuberculosis, in which several of the rings were exposed from ulceration of the posterior surface. He also exhibited the *sternum and ribs* from a case of *rickets* in which the *Rachitic Rosary* was well shown from the inside, but not externally.

A Rare Form of Epilepsy.—Dr. WOOD then read the following paper on a rare form of epilepsy, and exhibited the patient:

Some years ago, Dr. William Osler read a paper in this room, in which he spoke of a case of Jacksonian epilepsy. He was fortunate enough to be able to show the brain of the subject and the cortical growth (a small glioma) which gave rise to the epileptiform seizures. I am unable to demonstrate the actual existence of any disease within or about the motor zone of the patient about which I am going to speak, because he is still alive; but I thought it might be interesting to introduce for discussion here by detailing such a case, the whole subject of false (non-hysterical) epilepsy. The subject of epileptic auræ and the modes of onset in epilepsy has always been an attractive one to me, and I would like to hear from members of this Society in this connection.

Until eighteen months ago, the patient, E. B., aged 70, was in fair health. Had never had syphilis, but now suffers and has suffered at times for many years from rheumatic gout, the great toe of right foot being the chief seat of the trouble. Has occasionally had pains (which were set down as rheumatism) in several other joints of his body, but has never been laid up with them. Has never suffered from persistent headache; never had any injury to his head, and his intellectual faculties are well preserved. There is no history of family neuroses. His digestion is fair, and his heart and kidneys are in normal condition. He had his first attack eighteen months ago, and the half dozen attacks which he has had since then are similar to that one, only they seem to getting worse. He first noticed twitchings of the muscles of the left forearm and face; these twitchings increased in violence, and although he made efforts to control them, they went on getting worse. He then began to experience feelings of fear as of impending danger, and in about a quarter of an hour after the first muscular contraction, he thinks he became unconscious for a few moments, but is not certain of it. In half an hour the whole attack was over, and with the exception of a feeling of weakness in the arm, he was all right again. He has had since then, but at no regular interval, some half-dozen attacks, varying little in character from the first one. Nearly every attack has been witnessed by his fellow workmen or his wife, and I have been able to get a pretty fair account of them. The loss of consciousness lasts but a few moments. Sometimes he has had what he calls double attacks; that is, he will have a second attack a few minutes after the first, which is not as severe at the first, and is not accompanied by unconsciousness. He knows when he is going to have an attack, and will grasp his left wrist in his right hand, and do his best to prevent the spasm from getting worse or from attacking his face. I saw the latter half of one of these attacks, which he declares he can bring on at will, or rather (because the man suffers much from the dread of approaching danger which accompanies the attack) he thinks that when he has a second attack it is due to putting the arm or his body in some uncomfortable position. I was talking to him one day (having reached the house