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CONTENTS.

ORIGINAL COMMUNICATIONS.	PROGRESS OF SCIENCE.	
A Case of Partial Epilepsy..... 193	On Hæmoptysis and its Treatment 209	Montreal General Hospital..... 214
Atmospheric Materies Morbis..... 194	On Intermittent Pulse, as a sign of Disease and its Treatment.... 211	The Davis & Lawrence Co..... 214
SOCIETY PROCEEDINGS.	EDITORIAL.	Vaccination..... 215
Medico-Chirurgical Society of Montreal..... 197	College of Physician and Surgeons, Province of Quebec..... 213	Medical Journal Addresses..... 215
CORRESPONDENCE 208		Personal..... 216
		Reviews..... 216

Original Communications.

A CASE OF PARTIAL EPILEPSY.

By L. D. MIGNAULT, A.B., M.D., C.M., Professor of Anatomy University of Victoria, etc., etc.

(Read before the Medico-Chirurgical Society of Montreal).

The occurrence of cases of transient or partial epilepsy are by no means rare, and, though less striking and so to speak, impressive than the convulsive forms, are still worthy of study, and from the mildness of the morbid process seems much easier to arrest, and perhaps cure, than the former variety.

The multiplicity of manifestations of this disease may often mask its presence and, as in the case here cited, may almost be overlooked by the patient himself.

On the 12th of last February I was summoned to see M. H., æt. 40.

He occupied a private ward in the Hotel Dieu, and came to be treated for what is called biliousness. I gave him the usual treatment, a purge, and subsequent doses of nitro-muriatic acid, and the patient left the hospital, apparently feeling much relieved, and returned to his home in Boston.

About the 25th of the same month patient returned, and complained of renewed attacks of biliousness.

The patient a few days afterwards mentioned incidentally that he suffered from occasional attacks of vertigo and fatigue. It was only some days later that he described, after several questions, the nature of these vertiginous attacks.

The seizures occurred as follows:—On a sudden, without preliminary warning, he would lose consciousness, and, being possessed of a fixed idea, would set to work to execute it mechanically. He generally fancied that it was necessary for him to go to bed. Accordingly he would seek some room where he knew a bed was situated, and would undress and get into it. As often happened, being a teacher in an orphan asylum, he would manage to crowd himself into a child's cot and would, to his intense disgust, suddenly resume consciousness and find himself cramped and stiff from the exertion.

On another occasion, while waiting for a train at a railway station, he started off to walk along the track. As he crossed a bridge stepping from sleeper to sleeper, he was loudly shouted at by several persons, but he was still unconscious, and pursued his way for about four miles when he was both astonished and amazed to find that he had wandered so far away from his destination. This feat was all the more remarkable from the fact that my patient was very lame from hip disease in childhood, and wore a boot with a cork sole which replaced the shortening of the diseased leg.

He states that the duration of these fits is from a few minutes to an hour, and that they generally occur in the day time and very irregularly. He only has had them since the last two years, and they occur simultaneously with disordered digestion and torpid liver. No premonitory symptoms ever occurred. From the statements of eye-witnesses the patient at these times becomes very pale, the eyes are wide open and have a fixed expression. He answers quietly and reasonably any question which may be addressed to him, and will often even apologize for the trouble he is giving. The