

Since the sarcoma had originated from the submucous coat and as the vessels of this coat have direct venous connection with the muscular coat surrounding it, it was considered advisable to remove the latter coat as well as the former. A catheter was retained in the bladder for two days, and, after its removal the patient found no difficulty whatever, in controlling the bladder. The case progressed favorably for five days when pneumonia developed and she died three days later. No post-mortem was permitted.

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#### JACKSONIAN EPILEPSY IN AN INFANT.

On March 1st inst. I delivered a patient of a well developed full term male child—labor of about two hours' duration being quite normal. About ten days after confinement the mother noticed peculiar movements of the infant's hands, face and legs, but did not consider it necessary to seek advice, as she thought it was possibly associated with colic, so that when seen by me two days later the condition was quite pronounced. The paroxysms started in the left hand, the fingers of which were in a condition of clonic spasm, while the forearm was flexed and directed towards the left. Almost simultaneously the fingers of the right hand were flexed and twitching, and the right forearm also flexed, pointed in the same direction as the left, and was therefore lying across the chest. The muscles of the face, especially of the angles of the mouth, were next involved, and lastly the legs. This order was quite regular, but the involvement of one part followed so closely on that of the other that the spasms seemed to be simultaneous, but on watching closely, those affecting the arms were seen to precede those of the face and the latter those of the legs. There was no cry preceding the spells, nor were the eyes involved, and immediately after a spasm the child was quite bright. I advised the mother to keep record of the number of paroxysms, and to my surprise on making a visit next morning I learned that during the preceding 24 hours the child had had ninety-three. The question arose, was the condition central or peripheral i.e. reflex. It could hardly be the former, since there was no history of traumatism, nor would any cortical irritation be likely to cause the convulsions to start almost simultaneously in the two arms, so that it seemed reasonable to suppose that the