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## CONTENTS.

<b>ORIGINAL COMMUNICATIONS.</b>			
An Unusual Case of Epilepsy.....	241	Treatment of Erysipelas.....	254
A Word or Two on the Treatment of Acute Peritonitis, with a Couple of Cases in Illustration.....	242	On the Treatment of Pleurisy with Effusion of Hay's Method.....	255
<b>CORRESPONDENCE</b> .....	243	The Diuretic Action of Mercurial Preparations.....	257
<b>PROGRESS OF SCIENCE.</b>		Nutrient Enemata.....	258
Constipation.....	243	Hydrocyanate of Iron in the Treatment of Epilepsy and Neuralgias.....	258
Some Points in Minor Surgery at the Pennsylvania Hospital.....	246	Ringworm.....	259
Catarrhal Phthisis.....	248	Nhw Remedy for Cystitis.....	259
Minor Surgery at the Chambers Street Branch of the New York Hospital.....	251	Treatment of Prolapsus Ani in Infants.....	259
The Treatment of Colds.....	253	Absorption from the Mucous Membrane of the Urinary Bladder.....	260
		Treatment of Nocturnal Enuresis.....	260
		Venesection in Puerperal Eclampsia.....	260
		Permanganate of Potassium in the Treatment of Eczema.....	261
		On Notches in the Upper Central Incisor Teeth which Resemble those of Syphilis.....	261
		Treatment of Night-Sweats with Phos- of Lime.....	262
		A Case of Extraordinary Fecundity.....	262
		<b>EDITORIAL.</b>	
		Chronic Laryngitis and its Sequelæ.....	262
		Stooping Forward.....	263
		An Unhappy Mistake.....	264
		Washing Out the Stomach.....	264
		<b>LITERARY NOTE</b> .....	264

### *Original Communications.*

#### AN UNUSUAL CASE OF EPILEPSY.

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[Read before the Montreal Medico-Chirurgical Society.]

Some years ago Dr. Wm. 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 (now-hysterical) epilepsy. The subject of epileptic aurea 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 18 months ago, 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 condi-

tion. He had his first attack 18 months ago, and the half dozen attacks which he has had since then are similar to that one, only they seem to be getting worse. He first noticed twitching of the muscles of the left forearm and face. These twitchings increased its 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 as 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 where 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