place. Before leaving the hospital, the limb was surrounded by paste-board and a starched bandage, so as to keep the knee perfectly at rest.

Fig. 1.

From time to time, the patient attended as an out-patient, and the condition of the joint was occasionally investigated; but no improvement took place in the union of the bones. After this, I lost sight of

Fig. 2.

the case until recently, when I had an opportunity of examining the patient and of having photographs taken of the limb.

The condition of the limb on March 7th was as follows. It was an inch and a half shorter than the other when in the straight position; and the new joint at the knee was freely movable and could be flexed very nearly to a right angle. The illustrations, taken from photographs, show the limb in its extended position and extreme point of flexion. (Figs. 1 and 2.) Very slight lateral movement existed; and the patient had the power of extending and flexing the joint, but not quite to the full extent. The whole limb was well developed; and the patient was able to bear good weight upon it, and to walk actively, but with a slight limp.

CASE OF UNCONSCIOUS AUTOMATIC ACTS IN AN EPILEPTIC.

By ALEXANDER ROBERTSON, M.D.,
Physician to the Town's Hospital and Asylum, Glasgow.

THE series of important leading articles on unconscious and automatic actions after epileptic fits which have just been published in this JOURNAL induces me to record the following case in illustration of the mental condition so well described in these leaders. I may remark, before beginning, that acts of this character are tolerably familiar to practitioners who, like myself, see many cases of epilepsy, but hitherto they have not attracted that degree of attention to which it is now clear they are justly entitled. Obviously, they are of considerable interest in relation to mental pathology, and their importance in a medico-legal aspect is also very great. Happily, both for society and the unfortunate sufferers themselves, the actions referred to are generally harmless; not unfrequently they are such as the individuals have been accustomed to perform in their daily avocations. There are, however, all degrees between these simple habitual acts and those attended with the greatest danger either to the patients or to others. I have elsewhere* published a case describing how an epileptic man in this hospital, who had been apparently well mentally, one day, without the slightest provocation, began to swear loudly, called out for a knife to "stick some of them", and eventually sprang at the patient next to him. A struggle ensued; but, as the other patients quickly interfered, the epileptic was soon mastered, fortunately before anyone was seriously injured. I reached the ward about a quarter of an hour after the seizure commenced, and found that already he was conscious and intelligent, though somewhat confused in mind. When I told him what he had been doing, he was greatly surprised, and listened to my account of his conduct with a smile of incredulity. I shall now describe the case which forms the special subject of this paper.

Mrs. F., aged 53, inmate of the asylum, has been epileptic for the last twelve years. The fits occur in three different forms. There are, first, violent convulsive seizures in groups of from six to thirty, spread over two or three days, at intervals of seven or eight weeks; second, by faintish turns several times a week, lasting for two or three minutes, during which she is unconscious; third, by peculiar mental states, in which various seeming automatic acts are performed. We are specially concerned with the last kind. They are not of frequent occurrence, not more than three or four having been noticed during the last year. The most marked one was about three months ago. I shall record it in the way it was described to me by the intelligent attendant who has had the charge of the patient for some years. "It was about eleven o'clock", she said, "this being about two hours before the usual time for preparing for dinner, when Mrs. F., who had been engaged in sewing, rose from her seat in the day-room, went to a side-table, and lifted the table-cloths. I saw by her expression that she was in a 'turn', and it occurred to me that I would not interfere with her, but just wait and see what she would do. Muttering to herself all the time, what I could not make out, she went to the tables and spread the cloths neatly on them; then she went down the short stair, crossed the room to the pantry, lifted the box containing the tablespoons, and returned the way she had come till she reached the tables. She next took the spoons from the box and placed them on the cloths exactly as they are laid at dinner. After she had finished, I said: 'Mrs. F., it is too early to prepare for dinner.' She looked at me bewildered, and I then led her to a seat. She did not, however, remain there longer than a minute or two, but got up and went to a work-table, where she lifted a stocking and began deliberately to pull out the worsted, though the stocking was properly knitted. I took it from her and led her back to the seat, and remained beside her till she came to herself. She appeared to come out of the 'turn' just as if she were awaking from sleep, except that her eyes were open, as they had been during the whole time it lasted. I then told her what she had

* Glasgow Medical Journal, January 1875.

been doing, but she just laughed at me, and would not believe that it was she who had set the tables for dinner. From the commencement, it might be about half an hour before she fully recovered consciousness.

This, as I have said, was the most decided attack she has had of this kind. On another occasion, about six months previously, she took one when about to go to an evening entertainment, and, while in it, with a pair of scissors cut out a large part of the side of her dress. And, a few days ago, during a similar seizure, she took a pin and undid the sewing of the hem of an apron, taking great care not to break the thread. After doing so, she began to make a fringe at the edge of the apron with the pin. The attendant now stopped her, and, in about two minutes afterwards, she recovered consciousness. As formerly, she was quite unaware of what she had been doing.

When not suffering from epilepsy, this woman is intelligent and active, though rather irritable. She occasionally, but not regularly, assists the attendants in arranging the tables for meals.

Besides this case, there is another one under my care at present, in which the automatic acts are even more striking in some respects than those above-mentioned, but I do not feel at liberty to describe it in detail. I may state, however, that the patient has been subject to epileptic "absences" during the last eighteen months, and occasionally, while in them, has acted very strangely in the streets and in houses where he was visiting.

PROTRACTED SUSPENSION OF THE MORAL AND INTELLECTUAL CONSCIOUSNESS IN EPILEPSY.

By J. STITT THOMSON, L.R.C.P.Ed., etc., Dalkeith, N.B.

I READ with much interest a short account of a case of the above in the JOURNAL of March 17th, 1877, by Dr. Edmund Holland; and, as the subject is one of very great importance from a medico-legal point of view, I wish briefly to give the notes of a case somewhat similar, although not so protracted, which happened in my practice a short time ago.

On the forenoon of March 18th, 1877, I was hurriedly summoned to visit Mrs. M., a robust healthy-looking woman, aged 45. Her husband is alive. She has had a numerous family. On arrival, I found her sitting on the bed, crying loudly and attempting to bite everyone and everything within reach. Her husband and sons were holding her down and trying to pacify her. Her eyes were staring; the pupils were slightly contracted. The conjunctivæ were injected. Her face was flushed; the pulse was rapid and full. She was very restless, and made several violent efforts to bite her husband. She recognised me on my entrance, and, when asked, named her sons. She asked for a drink of water, which was given to her in a metal dish. This she immediately seized in her teeth, and it was with difficulty forced from her mouth. She showed symptoms of great cunning; asked for a drink "from a tumbler, and not from the tin dish". This she would have at once broken. She complained much of being held down, and, when released, tore the sheets and her clothing with her teeth.

I ordered a full dose of chloral-hydrate and bromide of potassium, and left. On visiting her again four hours afterwards, I found her quiet, complaining of headache and a general soreness, but perfectly sensible. She remembered nothing regarding my former visit. Next day, she was up and feeling well, though still stiff and sore. Her husband told me that she settled about an hour after I had left, and then fell asleep.

The history of the attack is, that she was seized with an "epileptic fit" one hour before my first visit; and, on recovering from this, she remained in the excited state in which I found her. I was with her for two hours. Thus she was in the "temporarily insane" condition for four hours.

The previous history reveals that she has been subject to epileptic fits since childhood, though there has been no attack for several years previous to this. She once showed symptoms similar to the above noted about eight years ago. She is a woman of sober habits, and enjoys good health otherwise.

It will at once appear how important the medico-legal teaching of such a case is. Had this patient destroyed either herself or child, as I believe she would have done had she not been closely watched; had she been alone when seized, and had no one visited her during the seizure, how very grave the suspicion that the crime was wilfully committed! Such cases as these show how very guarded should be the medical opinion expressed regarding the epileptic criminal; and, as Dr. Holland remarks, "may aid in the solution of the want of motive frequently mystifying the elucidation of great crimes".

THERAPEUTIC MEMORANDA.

HYDROBROMIC ACID.

I HAVE great pleasure in adding my testimony to that of Dr. Forrest of New York in favour of the hydrobromic acid, quoted in a leading paragraph in the JOURNAL of March 31st. As a solvent of quinine, I have found it to be most useful. In a case of pyæmia in hospital, eight-grain doses of quinine every six hours were easily borne by the patient, and that for several days, with the assistance of thirty minims of the acid with each dose. With its help, also, many patients, especially ladies who said they could not take quinine without immediate tinnitus, are now able to take even large doses. One case especially impressed itself upon me. I had prescribed quinine with the acid for one of these ladies, and was surprised to learn by letter next morning that the usual symptoms had appeared. I at once wrote her that I was sure the medicine had not been properly dispensed, and forwarded the prescription to a chemist who, I knew, kept Dr. Fothergill's formula. I saw her next day, and learnt that she had taken several doses without any discomfort. I have also ordered it with the perchloride of iron to a lady in whom iron always produced flushing and headache, with the happiest effect.

In my hands, it does not seem to act so well as a cough-medicine, which is one of the uses Dr. Fothergill suggests, except in cases of pertussis in children. As an adjunct to chloral in hysterical insomnia, it seems to be equally efficacious with bromide of potassium. The doses I generally use are, half a drachm with quinine and iron, five or ten minims to children; and a drachm with ten grains of chloral as a draught. In conversation with other medical men, I find that hydrobromic or hydrobromic acid is less widely known than it deserves to be; and I write this with the hope that more extended use will vindicate what Dr. Milner Fothergill claims for it.

W. MACFIE CAMPBELL,

Surgeon to the Liverpool Northern Hospital.

I have used the hydrobromic acid repeatedly with the happiest results. I do not believe it is always successful in preventing the headache produced by quinine, but I can recall at least two cases in which it was very effectual. Both patients had been in the habit of taking quinine for neuralgia; but, though generally successful for this malady, it almost always produced ringing in the ears, headache, etc. I used hydrobromic acid as the solvent for quinine in these two cases, and neither of them has since suffered from cinchonism. Again, I found the hydrobromic acid the only acid which one patient could take. As a tonic for business men whose powers have been overstrained, I have found the hydrobromic acid more useful than any other drug.

J. FARRANT FRY, Belvoir, Swansea.

CLINICAL MEMORANDA.

THE PASSAGE OF FOREIGN BODIES THROUGH THE INTESTINAL CANAL.

MR. DENTON's case of "a shawl-pin passed *per rectum*" (JOURNAL, March 17th) induces me to record my experience of similar cases. The line of treatment adopted and the subsequent issue prove the practical value of non-intervention in such cases. Case I was that of a male lunatic who suffered from paroxysms of recurrent mania, with strong destructive propensities. One day, he secreted a smoke-shade, a remnant of which was afterwards found in his possession. In a few days, there were symptoms of anal irritation, and he was observed to use his fingers for the purpose of extracting bits of glass. In the course of three weeks, five hundred of these, all more or less angular, and some, strange to relate, over two inches long and finely pointed, were passed *per rectum*. The passage of the larger pieces gave rise to excruciating pain, and the patient, who ate very little during the time, was allowed to remain in bed and have an opiate. The other cases, two in number, were boys, one of whom swallowed a halfpenny and the other two penny-pieces. Rest was the only treatment enjoined, the result being the appearance of the halfpenny in one week and of the larger coins at the end of three weeks. Beyond the fright, there was no inconvenience in the latter cases.

The first case is a good illustration of the conservative efforts of Nature, and all three demonstrate the good effects of non-interference; indeed, to excite the peristaltic action of the intestine by giving purgative medicine, especially in the presence of sharp bodies, must be