walk. A week later he was walking fairly well with a stick, though there was still exaggerated knee-jerk. The case then passed out of my hands.

That these cases were both hysteria I have no doubt. As complete recovery of Case II had not taken place when I parted from him, I cannot say for certain that it was purely hysterical. It may be thought that there was a malingering element in both the cases, for both men expressed their wish to be invalidated, thus revealing a sufficient motive; but that Case I, however, could have gone on to bedsores without self-mesmerizing agency is unlikely.

AN UNUSUAL EPILEPTIC CASE.

By W. HENRY LEWIS, M.B., B.Sc. EDIN.,
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THE following short note refers to a case of epilepsy of sufficiently unusual character to be worth recording: The patient, a young fellow 25 years of age, a farmer's assistant, first came under my observation on December 26th, 1902, and on that day I had an opportunity of observing a form of fits which was new to me. The patient when I entered the room was in the position of opisthotonos, which was abruptly and violently exchanged for that of emprosthotonos, and then back again, the alternations occurring three, or four times varied with an occasional right pleurothotonos. The subsidence of the fit was followed by a short interval of consciousness, after which I was able to watch the initiation and development of another fit. The first indication of the onset I noticed was a dulling of the intellect, followed by a fixing of the gaze; then came complete suppression of consciousness, extreme extension of the right leg and right arm, with clenching of the right hand, followed by the alternations between opisthotonos and emprosthotonos, with an occasional curious grand convulsion of the body to the right, which threw the patient, if not held, out of bed. A succession of such fits gave opportunity of observing their undoubted peculiarities. Unconsciousness apparently commenced with the fixed look, a decided and obvious dullness preceding it. The convulsions were tonic in character, and not of the ordinary tonic-clonic epileptiform type; there was, in fact, no succession of clonic movements. They were entirely limited to the right side of the body; the left side during the fit being at rest, even while the opisthotonic and emprosthotonic positions were maintained, a lateral deviation to the right in these positions being noticeable. During the subsidence of a fit the face took on an expression of agony, and the left hand, with a slow and deliberate movement, was passed up to the left side of the head; this was a regular sequence, and almost immediately the unconsciousness passed off, and, in a hesitating manner, the patient would converse and respond to questions, and even gave information as to his history, which information was verified on later inquiry, but had no recollection or knowledge of the fit through which he had passed.

While still conversing he would lapse into a state of dullness, the eyes would be fixed, unconsciousness occur, and the details of a fit as I have described them follow. This type of fit continued to occur and recur for about four hours, then, after a period of rest, he became maniacal, and attempted to strangle himself by means of his handkerchief, and, when this was taken from him, by a rolled-up corner of his bed-sheet. Being again interfered with, he violently and with intention threw himself—striking the left side of his head—against the wall of the room which adjoined his bed.

When I saw him next morning I found that the type of fit had altered. It was now much modified, and was of the ordinary epileptiform variety—tonic and clonic—slight in degree, and limited to the right side. The unconsciousness was not so profound, but was still preceded by the dullness, and disappeared with the subsidence of the fit. He would then at once converse and give expression to gloomy forebodings, his mania being decidedly melancholic. He stated that all was up with him, that he would be of no good any more, and asked for a razor that he might kill himself. He complained of pain on the left side of his head, and suddenly, with quick elusive springs, would bang that side of his head against the wall with apparently suicidal intentions. The gravity of the symptoms on the third day had appreciably diminished, and on the fourth day the epileptic state was over, and he was practically well.

I have allowed time to elapse before reporting the case, so that I might be enabled to watch for any recurrence of the attacks, but I have only to record that he has been in all ways

perfectly well since. In character he is a man of singularly fearless disposition, careless of danger and peril, and most distinctly "non-nervous."

His previous history was as follows: About ten years ago he was waylaid by robbers, who knocked him on the head and left him lying unconscious. Since that time he has had occasional fits, the last series having occurred three years previously to the one I describe, but none had the severity of the one under notice.

The family history is good; father and mother are alive, and there are brothers and sisters who have nothing in their history, as far as I have ascertained, which affords any light on the case.

The treatment adopted consisted in large doses of bromides, which drug he still takes; blistering over the left side of the head, and the administration of croton oil, the brisk action of this drug being a determining factor apparently in his recovery from the epileptic state; the probable beneficial action of this oil being suggested by the possible influence of the generous feeding associated with the festal season in inducing the attack.

Certain interesting points in the case seem worth recapitulating: (1) The dullness of the intellect, which was quite obviously the first indication of the approach of a fit; (2) the curious and unusual clearing up of the intellect which at once followed the subsidence of the convulsions; (3) the violence of the fit; (4) the purely tonic character of the "grand convulsions"; (5) the limitation to the right side; (6) the indication of pain on the left side of the head; (7) the prolonged period of the epileptic state; and (8) the long interval between successive periods.

Is this case one to be regarded as of the type described by Hughlings Jackson, or does it partake in any way of the hystero-epileptic form of Charcot's as occurring in the male? Probably the explanation is to be found in regarding it as of the Jacksonian or symptomatic type, the epileptic state being consequent to irritative disturbances in a cortical lesion somewhere in the left central convolutions.

SCLERODERMA ASSOCIATED WITH RAYNAUD'S DISEASE AND ADDISONIAN PIGMENTATION.

By GEORGE C. R. HARBINSON, M.B., B.Ch.,

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On June 10th, 1902, I was consulted by a lady, aged 45, who complained of rheumatic pains flitting about the body, accompanied by some stiffness. Two and a-half years before she had an attack of "influenza," followed by rheumatism, which lasted nine weeks. A year later the rheumatism reappeared, and had since troubled her. I noticed that the skin of the neck and parts of the face looked bronzed, and on inquiry found it had been gradually becoming more pronounced during the past four or five years. The pigmentation began, the patient thinks, on the abdomen and top of the thighs, and then affected the chest and arms, and recently the neck and face. The patient has not felt in good health for five or six years, owing to "worry and bother and trouble." Twelve months ago she noticed, when she stretched her hands and fingers out, or when she went out into the cold, that the fingers became white at the tips, numb, and icy cold, which condition disappeared on warming them thoroughly. Shortly afterwards they broke out at the tips, and continued in this condition all the summer, being treated as "whitlows" by the medical attendant. Now only tiny scars mark the place of ulceration.

During the past six months the condition of the hands has been becoming much worse. The fingers and hands and wrists feel swollen, and the skin has a drawn feeling. On exposure to the least cold the fingers become blue and icy cold and numb, and oftentimes painful, and the tips of the nose and ears become white and cold. There is a peculiar "numb" (not anaesthetic) and tight-drawn feeling in the chin, lower lip, angles of mouth, cheeks, temples, forehead, and over the angles of the lower jaw, so that the patient has difficulty in opening the mouth sufficiently to take solid foods. The skin is dry, the hands and chest alone perspiring in the night. There are varicose veins of twenty years' standing in both legs to the middle of the thigh, and there has been oedema of legs for some years. Five weeks ago the patient was laid up with phlebitis of the right internal saphena vein from above the ankle to the middle of the thigh, and she is now suffering from a similar attack in the left leg. She has