unconsciousness. As examples of these curious attacks I will give one or two out of several which the patient and her friend told me of. For instance, the Sunday before my seeing her she laid the table, dished the dinner, sat down and partook heartily of the meal, and it was only when asked by her husband if she would have a second helping of pudding that she became aware of the fact that from the laying of the tablecloth to that moment she remembered nothing whatever. About a week or ten days before the occurrence just mentioned she and her friend walked some distance to a butcher's shop to buy meat but from putting on her bonnet immediately before leaving the house to taking it off on returning home she had not the slightest recollection of what happened in the interval, although she bought the meat and paid for it and, of course, spoke to the butcher. These attacks consist of two parts—namely, the oblivion with the power the patient has while in this state of performing many of her ordinary household duties, no doubt in an automatic way, and, secondly, the loss of memory of what she had been doing and saying while under the influence of the fit. In some respects these seizures resemble somnambulism. In many cases of this condition the subjects of it in their sleep get out of bed and do many things or acts, then return to bed, and in the morning know nothing of what they had done during the night. I knew a young woman who was the temporary cashier of a charitable bazaar who one night got up in her sleep and hid the money in such a safe place that it took a day or two of diligent searchings before it was found. It may be that these fits were related to epilepsy, but the patient has never fallen down, bitten her tongue, foamed at the mouth, or injured herself in any way. Nevertheless, the faintings may have been attacks of *petit mal* and even now, in the patient's much improved state, a trained observer might be able to detect some indications of the nature of epilepsy before the attacks of loss of consciousness and memory set in.

Lincoln.

A CASE OF EPILEPSY WITH NECROTIC SOFTENING OF THE BRAIN DUE TO INJURY.

BY H. K. ABBOTT, M.D. DUB.,

DEPUTY SUPERINTENDENT, HANTS COUNTY ASYLUM, FAREHAM.

THE following case may be of interest from a medico-legal point of view. A somewhat similar one was reported by me in THE LANCET of Feb. 7th, 1903.

The patient was an army pensioner, 39 years of age; he had been a steady, sober man and had been invalided from the service on account of epilepsy. While on duty as a military policeman he was violently assaulted by some reservists and severely beaten about the head. Since that he was said to have suffered from epilepsy. When he came under my observation about six months afterwards he was considerably demented, very dull and slow in answering questions, and constantly stopping to correct himself, and he occasionally passed fæces in his bed and clothing. He had three attacks of status epilepticus at intervals of several months and three or four single fits. In these the right arm and right side of the face were most affected, the right leg was slightly affected, the left leg very slightly affected, and the left arm was not affected at all. After the attacks he had no power in the right arm for a period varying from 24 to 48 hours. The last attack he had lasted for 36 hours and ended fatally.

At the post-mortem examination there was found to be considerable hypostatic congestion of both lungs, the heart and abdominal organs being healthy. On the internal surface of the vertical portion of the frontal bone on the left side there was a patch about one and three-quarter inches in diameter where the bone was much denser and harder than on the right side, though not much thicker. The dura mater underlying this was firmly adherent to the bone and was of unusual thickness—quite one-tenth of an inch; it was also firmly adherent to the pia arachnoid and it in turn to the brain. The whole of the underlying part of the left frontal lobe was in a condition of yellow softening extending to the depth of the grey matter. There was also a small patch of softening with similar meningeal adhesions in front of the right frontal lobe. The dura mater was firmly adherent to the bone in the posterior part of the left middle fossa, but there was no morbid condition of the adjoining part of the

brain. Death took place about 18 months after the injury to the head, an interval which was too long for the assailants to be held responsible for the fatal result.

Fareham.

FIXATION OF A STYLE IN THE NASAL DUCT.

BY J. SACKVILLE MARTIN, M.D. EDIN., M.R.C.S. ENG.

THE following case may be of some little interest as indicative of the minor troubles which may follow a simple operation.

A miner, aged about 30 years, consulted me in December, 1900, on account of his right eye watering. He had previously been under other treatment, had had the canaliculus slit up, and some months before had worn a style with temporary relief. I saw him regularly until February, dilating the nasal duct with lacrymal probes, and on Feb. 26th I inserted a solid lead style one inch in length with a head a quarter of an inch long at right angles to the shaft. It was of about the thickness of the graphite in a lead pencil. I told him to return in a fortnight, when I would remove it. I did not see him again until June 12th, when he came with a request for its removal. On examination the wound in the canaliculus was cicatrised and the style was buried and completely out of sight. I reopened the wound with a Weber's knife but was still unable to see the style, though I could feel it with the probe point of the knife. It seemed firmly gripped by the nasal duct. By means of leverage exerted first with the probe point of the knife and afterwards with a strabismus hook I succeeded in loosening it, but I could not bring it near the surface or expose it to view. On June 13th and 15th I made similar attempts to move it without success. I noticed that when I had hooked the strabismus hook under it I could lift it up under the skin of the *upper* eyelid at its inner angle. It seemed to be subcutaneous in this position, so that on the 19th, having lifted it with the hook, I made a small incision over it through the upper eyelid. I found, however, that to reach it I should have been obliged to cut right through the caruncle, and as I did not wish to cause needless damage I did not pursue this route further. On the 20th I prolonged my incision in the canaliculus well inwards to the side of the nose, keeping along the lower border of the caruncle. After the hæmorrhage had stopped I got my first view of the style, the headpiece of which had rotated backwards under the caruncle and had got caught in its tissues. After freeing it with the point of the Weber's knife I was able to seize it with a fine pair of forceps when it came out easily.

I attribute the malposition of the style to the patient's habit of rubbing the corner of his eye when it watered. The case gave me some little anxiety at the time and in future proceedings of a similar nature I should endeavour to expose the style before making attempts at its extraction. The patient obtained temporary relief and was in the district for about three months after without further complaint. After that he left the neighbourhood and I have not heard of him since.

Leigh, Lancashire.

A Mirror OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

ST. GEORGE'S HOSPITAL.

A CASE OF INFANTILE CONVULSIONS DUE TO ANÆMIC POISONING.

(Under the care of Dr. F. G. PENROSE.)

FOR the notes of the case we are indebted to Mr. E. W. Dewey, house physician.

A boy, aged one month, was admitted into St. George's Hospital, under the care of Dr. F. G. Penrose, on July 4th, at 9 P.M., with a history of "screaming fits" during the past 12 hours. He had apparently been in good health until three days previously when a rash was noticed about his