

TREATMENT OF THE STATUS EPILEPTICUS.

Dr. Kerning's method of dealing with these cases, and in which he has been very successful, is to give subcutaneous injections of pilocarpine in conjunction with camphor in emulsion. Soon after its administration, the convulsions cease, the pulse becomes better, and the patient drops off into a sound sleep. In some instances he substituted camphor for a quarter of a grain of morphine, but the pilocarpine was never omitted. Of course, if œdema of the lungs and collapse had come on, it was too late to use the remedy, but it had been successful where the patients were in a state of coma. (St. Petersb. med. Wochenschrift.) B. M.

HYPNOTISM AS A CAUSE OF DEATH.

Von Surbled reported such a case in the "*Journal des Sciences, Méd. de Lille*", July, 1891, and more recently in the "*Weiner medicinische Wochenschrift*."

The patient, a man aged fifty-two years of age, was of good habit and unusual intelligence, without hereditary predispositions to disease of any kind. He was much interested in the subject of magnetism, and had a great desire to become a medium. On March 31, at a public meeting, he had allowed himself to be used as a subject, in the demonstration of hypnotism. On the following day he devoted himself to the discussion of the wonders of magnetism. On April 10th his family began to notice evidences of eccentricity in his conduct. On the 16th he insisted on going to Paris, but had to be brought back by force, as he had become violent. He continued in a wild state of excitement and delirium, believing himself to be in a hypnotic state, until death, after a period of coma, took place on April 22d. The author, after very careful study of the case, was convinced that the hypnotic séance of March 31st, over-stimulated an excessively impressible cerebrum, and was responsible for the subsequent development of encephalitis, from which the man died. B. M.

CLINICAL.

HYSTERICAL ATTACKS ASSUMING THE FORM OF JACKSONIAN EPILEPSY.

Dr. Ballet (*Gazette des Hôpitaux*) calls attention to the fact that while hysteria often resembles the attacks of ordinary epilepsy, it may sometimes approach very closely

to the partial or Jacksonian form. He cites the case of a young girl, suffering from "grande hysteric," and presenting the characteristic symptom of left hemi-anæsthesia. She has had the classical "grande attaque" a number of times, but, of late, convulsive seizures of a different nature, have made their appearance.

These may be shown by simply rubbing one of the two hystero-genetic zones, to be found on the patient's body, when immediately the head turns toward the left side. Froth appears at the mouth, and the muscles on the left side of the face begin to twitch.

These symptoms, taken together, represent almost exactly a lesion of the motor centre of the face. A circumstance which often renders the diagnosis more difficult is the fact that these attacks are frequently limited to the epileptiform stage, and are unaccompanied by any other hysterical symptoms.

This patient had at one time sixty-two attacks in the space of an hour and a half, but at present the attacks are separated by well-marked intervals, and there are other symptoms, such as catalepsy, hallucinations, etc., which render the diagnosis of hysteria easy. The absence of paralysis of the members affected is also a sign of great value, and, as it is almost always present in true Jacksonian epilepsy, but very rare in the hysterical form.

Still, another very important symptom, is that the urea is increased in the urine, which is voided after an epileptic attack, but is diminished in the hysterical condition.

W. F.

INEBRIETY.

T. L. Wright, M.D., writing on this subject, in the *Virginia Medical Monthly*, Oct. 1891, says: There are few more common physical derangements in the inebriate than those of the heart. Excessive alcoholic indulgence injures the walls and valves of this organ, and also deranges and dilates the calibre of the larger blood vessels. However, heart disease frequently precedes inebriety, and a congenitally defective heart may do much in driving its possessor to drink. Hereditary heart affections are common, but often exist unrecognized, as sudden deaths frequently prove. The patient at one time, if no complicating troubles exist, and the circulation is good, has an active and acute mind, and his feelings are agreeable. Again, the same heart acts badly, perhaps the liver or kidneys, or stomach, fail in function. The circulation becomes weak. The