rently due to erysipelatous septicæmia, was admitted to this asylum on April 19th, 1873. He resisted violently any kind of interference whatever, and his antipathy to food or drink was his strongest symptom. It was necessary to feed him with the stomach pump. On one of these occasions, W. F., the attendant, whose sole duty it was to hold one hand, allowed the patient to get his thumb between his teeth, and the force with which he held it was so great that the dilator had to be used before the thumb could be got away. It was then found to be severely lacerated; and the danger to which the man was exposed being recognised, the thumb was bathed, and the usual antiseptics applied to it. The injury was, however, followed by diffuse cellulitis of the hand and arm, and much constitutional disturbance. The thumb became gangrenous, and a "line of demarcation" had begun to form, when the sufferer was removed by his friends to a local hospital, *where the thumb was amputated!* The attendant recovered "by the skin of his teeth," but was unfit for work of the like kind. The patient died.

NOTE.—Besides the pathological interest possessed by this case, it forms another instance of the risk to which all who are attendant on the insane are exposed.

Epilepsy and Migraine: a Clinical Note. By RICHARD GREENE, Senior Assistant Medical Officer, Sussex Lunatic Asylum, Haywards Heath.

I believe Dr. Anstie, in one of his interesting papers on Migraine, has drawn a parallel between that disease and epilepsy, or has written that the paroxysms of some forms of sick headache resemble epileptic attacks, and may even develope into true specimens of the latter. This idea was, I confess, new to me and to most of my medical brethren with whom I have had an opportunity of conversing on the subject. Liveing, however, in his recent monograph on megrim makes the same statement.

Now it has been *proved*, and I say this in spite of the late observations of Dr. Binz, that the bromide of potassium very often indeed reduces the number of epileptic seizures (though I have never seen a cure from it); and it has also been proved that the same medicine has a decidedly beneficial effect in certain varieties of migraine. So far, then, actual experiment favours the transmutation theory.

I have elsewhere shown that the Indian hemp has a singu-

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larly happy influence in the majority of cases of sick headache, and it was suggested to me by Dr. Williams that I should make a trial of this drug in epilepsy. Arguing from the above the experiment seemed desirable and well worth making.

Accordingly nine epileptics were taken haphazard, the only condition being that no particular medicinal treatment had been employed in their cases for at least four months previously. Each of these patients had half a grain of extract of Indian hemp night and morning, the dose being gradually increased to one grain, and this was persevered in for four months.

The number of fits of each case was accurately noted, and compared with that registered during the previous four months; but in no case was there any diminution in the number or severity of the seizures, and in seven out of the nine there was a positive though slight increase.

It is therefore evident that the Indian hemp possesses no power in mitigating the attacks of epilepsy, at least in the same doses and under the same conditions in which it unquestionably relieves the paroxysms of migraine; and these experiments somewhat negative the old saying that epileptics will improve temporarily under *any* new treatment.

During the time the Indian hemp was being administered five of the patients lost weight, the average loss being one pound and a half; and four gained weight, the average gain being one pound and a quarter.

If it be true that there is a close alliance between epilepsy and migraine, it is not a little strange that victims of the former all but invariably become worse and worse as their years increase, while with the latter it is by no means unusual—in fact, it is a very common occurrence—for the sufferer to "grow out" of it altogether as he passes middle life.

A Case of Chorea. By James Macfaren, L.R.C.S.E. Assistant Physician, Royal Edinburgh Asylum.

The points that make this case interesting and worth shortly noticing are not any peculiarities in the symptoms, diagnosis, or treatment, but the following facts:—That the disease came on at an age when it is extremely rare, that its duration has been unusually long, and that there is an

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