

## TRAUMA, JACKSONIAN EPILEPSY— OPERATION—RECOVERY

By W. L. England, M D., Medical Staff, Winnipeg General Hospital.

C. R., aged 20, clerk, was admitted to the Winnipeg General Hospital May 10th, 1896, complaining of having had several epileptic fits since April 3rd, 1896.

Patient was always a strong, healthy and active boy, only having been confined to bed on one occasion from a scald, when five years old.

On July 1st, 1895, patient was hit on the head by a baseball bat, which felled him to the ground, rendering him unconscious and producing a good-sized scalp wound over the right parietal region.

For the next five days (July 5th) he remained in a state of coma, and life was despaired of. On the 9th inst. he was able to recognize friends, and to understand what was said for the first time, but could not speak in reply. He desired to communicate with them, but failed owing to writing each succeeding letter of a word on top of the former, thus showing there was no "agraphia."

On the 11th inst he suddenly regained the power of speech, and, although it was very nasal in character, he was able to make his wants known. These symptoms gradually improved. There is no history of paralysis of the tongue.

For the next six months his memory was exceedingly short, since which time it has gradually improved, but even now is not so clear as before the date of injury, and since which time the patient's friends have also noticed a vacant and void expression.

Patient also suffered from left hemiparesis, involving the arm and face, and which still remains, resulting in a left squint, facial deformity, weakness of the arm and an inability to button his clothes.

He frequently complained of a peculiar numbness and tingling sensation in the hand and fingers. There has also been partial anaesthesia in the hand, but tactile

sensation was markedly impaired. To illustrate:—

To determine whether he had secured his jack-knife, for which he had been seeking in his pocket, he was obliged to withdraw his hand, and look, as he opened his fingers.

### PRESENT TROUBLE.

On Good Friday, April 3rd, 1896, while at work patient had his first epileptic fit, which came on with an aura; on the 17th April he had a second; on the 24th April he had a third, and on the 1st of May he had two more.

All these convulsions were of the same nature, and of the Jacksonian type.

The aura was first felt, as a marked numbness and tingling sensation in the left middle finger, which gradually became flexed; next the other fingers contracted; then the wrist and elbow; and the muscles of the face began to twitch, and the whole body became involved in clonic spasms, and he lost consciousness. If taken very early, the patient at times was able to prevent a general convulsion by securing the services of some one at hand and asking him to grasp the wrist firmly, and vigorously rub the hand and fingers.

The patient foamed at the mouth during a convulsion, but did not bite his tongue, nor were the urine or faeces voided.

The general health of the patient is excellent, and there is nothing noteworthy in the family history.

### OPERATION.

Having previously shaved, scrubbed and rendered the scalp aseptic, the motor area of the brain, corresponding to the left arm and face, was determined. A large, free, semi-circular incision, with its base below, was now made deep to the bone, with one cut of the knife, and all bleeding points having been secured, the scalp and periosteum were reflected downward. Two large-sized trephine holes were now drilled through the skull; one, rather high over the motor area for the arm, and the second over that for the face. The bridge