

Children so frequently meet with accidents, that it is exceeding difficult to say whether the convulsions have resulted from a blow, or whether the child has an inherited tendency which is just showing itself. Still you will be pressed for an opinion by the parents. If there is any actual injury, such as a depressed fracture, or if the accident were followed by unconsciousness or paralysis, or mental affection, showing that the cortex of the brain had been involved, you will have no hesitation in expressing the opinion that some injury has been done, and according to the seriousness of the injury and its curable character, will be the prognosis. More frequently, however, you will be forced to conclude that the shock to the nervous system has excited the convulsions. If the injury has been slight, the prognosis is bad, but if the injury has been severe the prognosis is more favorable. If there is evidence of permanent injury to the brain, the prognosis is of course unfavorable. In the case of this boy, I cannot say whether or not he has had a hurt, but we have in the hemiplegia evidence of serious intra-cranial disease. There has been in all probability, a lesion either in the corpus striatum or in the cortical centres corresponding to the muscles of the left side, which has left behind it a loss of substance and a cicatricial condition of the brain itself which is incurable. I should, therefore, in this case, have no hope of eradicating the tendency to convulsions. It will be kept up perpetually by the organic lesion of the brain which exists.

A short time ago I showed the results of a post mortem in the case of a physician who many years ago was thrown from his buggy, his head striking against a tree, causing a depressed fracture of the internal table of the frontal bone over the right eye. He immediately had coma, which lasted two or three days. He recovered, and was apparently perfectly well from 1860, when the accident occurred, until 1881. He served in the army during 1881, and reached the rank of full surgeon. After leaving the army, he settled in a southern town, built up a good practice, and laid by some money. He then moved North, buying a good practice in one of the towns of Pennsylvania. In 1881 he began having convulsions of intense severity, recurring at long intervals. When the case came under my observation, some eighteen months ago, it gave rise to some embarrassing questions. Had there been an injury to the bone so long as twenty years previously, which had remained dormant, and was there now developing some slow lesion near the seat of injury, the result of this hurt; or had the shock to the nervous system, causing the coma and unconsciousness, left no serious lesion, but now, in consequence of overwork and depressing influences, had there been a revival of this tendency without actual disease, and should we trephine this man or not? For a time

we decided not to trephine, but the convulsions continuing, we did trephine, but it did no good; the convulsions continued, and the man died. The autopsy revealed an abscess in the anterior lobe of the right hemisphere, with a secondary abscess in the anterior lobe of the left side. There can be little doubt that a slow, irritative lesion had existed during all these years, and the brain had become habituated to its presence; and it was not until a large area of the brain became involved, that the system responded to its influence and convulsions made their appearance.

In children with convulsions, where there is a history of an injury with perhaps some lesion of the head, you will often find it difficult to decide whether or not any operative interference should be adopted. Usually you will find that you cannot decide upon having the head trephined. Yet I am satisfied that we ought to trephine the head for epilepsy more frequently than we do. However there is a lesion of the cranial walls, although there may be no depressed fracture, where there is possibly some lesion of the membranes, and where the convulsions cannot be controlled, my judgment would be strongly in favor of trephining. I have seen some most excellent results follow this treatment. The lives of these patients are so sad and so sadden the lives of those around them, that although we may to a certain extent control the attacks, yet this is not very satisfactory, and therefore the chance of obtaining a radical cure is worth a good deal of risk.

Another and extremely difficult question comes up in the treatment of young children, such as this lad was fifteen years ago, and that is the question of intellectual development and training. A child of five or six is attacked with epilepsy. Such children are often among the brightest and most intelligent, and frequently are even precocious in their intellectual development. Yet it is clear that if the brain becomes excited by study, too much reading, or violent play, the convulsions will become more severe and frequent. In presenting this question to parents, they have argued that it was better to allow the child to continue at school or if allowed to grow up ignorant, and without mental training, he would, if shut out from the world by reason of his disease, be unable to occupy his mind, and might readily fall into vicious habits; and if the attacks should be relieved he would, in consequence of his want of education, be unable to take his place in life. Therefore they have argued that it was better to take the chances of keeping up the disease than to allow the child to grow up in ignorance. To decide how far we should interfere with intellectual work, and how far the advantages of such interference counterbalances its disadvantages, is one of the most difficult to solve. My own judgment is decidedly against allowing these children to study or go to