

business for himself, so that a more satisfactory result could scarcely be desired. While he will never be strong mentally, his conversational and scribbling aberrations have not endangered another situation, and he has never since complained of the old fulness of the head.

Mr. J. D., aet. 37, married, with two healthy children, was only a few weeks in this country when I saw him first, on May 14th, 1904. He had been advised by his physician in Glasgow to come to Canada in the hope that the voyage and change of climate might relieve him of certain nervous symptoms from which he had been suffering.

A tailor by trade, he had always been sober, industrious and of good character; moreover he was a Mason of high degree. But he had become subject to convulsions with a simultaneous change in his whole mental state. From being kind and considerate in the home he had become harsh and overbearing, especially to the children, while his usual quiet demeanour had darkened into a morose taciturnity that never prompted a question and would scarcely answer one. His epilepsy was of the Jacksonian type and showed a progressive invasion of the motor cortex. The first seizure began in his right hand while he was tying up a parcel, so that he had to desist. He did not then become unconscious and the arm was not involved. In the next, which occurred about six months after the first, both hand and arm were convulsed. Later attacks, in which he fell and was unconscious, affected progressively the right side and whole body.

A few days before I saw him he had become greatly excited while out seeing a procession, was convulsed on the street and was quite threatening next day. I had him admitted to the Western Hospital, gave him the usual treatment with the bromides, ordering at the same time an ice-cap for the head and a mild mustard plaster for the abdomen to relieve his cerebral circulation as much as possible. While he never had another convulsion his mental condition remained about the same; indeed, if anything, he was gloomier than before. While there was no suggestion of anything specific in his history it was thought well to change the bromide for antispasmodic treatment for a time.

As there was no sign of improvement in his mental condition at the beginning of July I showed him at the Clinical Society of the Western Hospital and the general opinion was that operation should be undertaken. On July 5th I trephined him, removing a button of bone from over his hand centre, whence the first convulsion emanated. Beyond a strongly adherent dura nothing was found. The wound healed by first intention and everything went well till the tenth day, which was too far removed from the operation for sepsis. His evening temperature then went up to 100°. For a few days his morning temperatures were normal, his highest afternoon temperature being 101.6, and his pulse