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CORTICAL EPILEPSY—A CLINICAL LECTURE.

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The patient whom you see before you presents, in a typical form, the group of symptoms which, in the past few years, has come to play a very important part in the study of the nervous system. I refer to the condition known as cortical or Jacksonian Epilepsy.

The patient is the wife of a man of an exceptionally irascible temperament, for within two weeks after the time of her marriage, she tells me that the honeymoon was interrupted by her husband beating her. This pastime seems to have been continued regularly, for fourteen years ago while she was just about to be delivered of a child, her husband knocked her down with a chair, which stunned her for some time. The child was born three days after. Again, at Christmas time, in 1886, she was struck on the left side of the head by a chair. You can see to-day the scar upon the temple which marks the place of the gash made by the blow. Such has been her domestic history; and both the blow on the left side of the head and the wearying effect of many years of such an existence, may well have acted together to bring about the symptoms to be noted later. Continuing her personal history, I may tell you also that, married at the age of 17 years, she has had seven children, of whom three are now living. Has, besides, had several miscarriages. Her labors were easy, but she never was able to nurse her children. One child died at the age of six weeks, one was still-born. But while these facts hint at

the possibility of specific taint, yet we can elicit no history of syphilis either in her person or in that of her husband. The family history throws no additional light upon the case, for the various members of the family seem to have been free from neurotic tendency with the single exception of her mother, who died of apoplexy at a fairly advanced age.

In person our patient is rather tall, not stout, but strong; naturally of a fresh, florid complexion, one can yet detect a certain anæmic pallor, especially in the color of the lips. Let me suggest to you, gentlemen, this point in regard to your examination of your patients. One of the most difficult, and yet one of the most essential things for you to learn is, that "seeing ye shall see." I will remember how, in early years, this Biblical phrase seemed to me a meaningless repetition. One naturally thinks that "seeing ye shall see" of course, but it is not "of course," quite the contrary, for we see continually a multitude of things which we yet do not perceive. Your clinical training ought to help you to learn to see. Now, the color of the skin depends not upon one fact alone but upon several—the thickness of the epidermis, the abundance and calibre of the capillaries, the color of the contained blood, and the color of the skin. You will see anæmic girls with thin clear skins and dilated capillaries, whose beautiful cheeks would deceive the very elect with their color. You must learn not to be deceived. So our patient is one of that class of people, commoner in Scotland and Ireland than in America, who have large and abundant capillaries near the surface. A little, even pale blood, makes a good deal of a show with such persons.

To return to our patient, we learn that on April 1st, 1887, about four months after the Christmas festivities, she had a miscarriage which caused an excessive, evidently dangerous hæmorrhage. Four weeks later she tells us that she suddenly lost the power of speech, as she puts it, "could think of things but couldn't say them." This condition lasted an hour and a-half, when she had a convulsion upon the right side of her body. At her next menstrual period, about a month later, the same phenomenon was repeated. The convulsions then began to recur with increasing frequency, coming about once in two weeks, but not in any regular connection with the menstrual