

## CURRENT MEDICAL LITERATURE

## BROWN-SEQUARD EPILEPSY.

In 1869 Brown-Séquard described the production of epileptic attacks in guinea pigs by violent stimulation of the sciatic nerve. Since that time a numbers of cases have been recorded in medical literature in which epilepsy supervened in human beings after, and apparently as the result of, severe injuries of the peripheral nerves. A few of these have been collected by Drs. A. Mairé and H. Piéron, who remark on the rarity of these cases, and add two more of their own observation. One patient, a railway employee, had his right hand crushed under the wheel of a carriage in 1886. After this he was only fit for light duty at the railway station. In 1890 he was dismissed for offences against decency in public. He went to law about it, and the medico-legal experts found he was suffering from chronic neuritis of the right arm and attacks of epilepsy. It appeared that the neuritis had been confined at first to the ulnar nerve, and had spread so as to involve the whole brachial plexus; while the epilepsy might take several forms culminating in true epileptic seizures, and could often be provoked by pressure either on painful spots on the scar left by the injury or on the tender ulnar nerve. The second patient, a soldier aged 30, was wounded by fragments of a shell in the right forearm in September, 1914. The wounds healed in December, after much suppuration, leaving extensive scars. In January, 1915, the man complained of headache, vertigo, and noises "as of aeroplanes" in the ears. Attacks of stiffness and tremor of the limbs, with loss of consciousness, occurred both by day and night. When seen in hospital at Montpellier in April the right arm was weak and wasted, and there were various areas of loss of sensibility, hyperæsthesia, and hyperalgesia. The musculo-cutaneous and internal brachial nerves were thickened and tender; other branches of the brachial plexus and cervical nerves seemed to be affected as well. There were no signs of neurasthenia. While in hospital the patient had two or three epileptic or epileptiform attacks daily, varying in degree of severity, preceded by an aura of pains in the right arm and culminating in stiffness and clonic spasms, with loss of consciousness lasting for many minutes. Minor attacks could be brought on by pressure on the musculo-cutaneous nerve. Some improvement was produced by electrical treatment. In June the brachial scars were excised under ether, but the epileptic attacks returned. In August and September treatment of the arm by prolonged hot baths was undertaken—