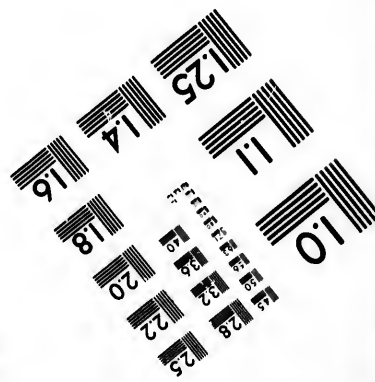
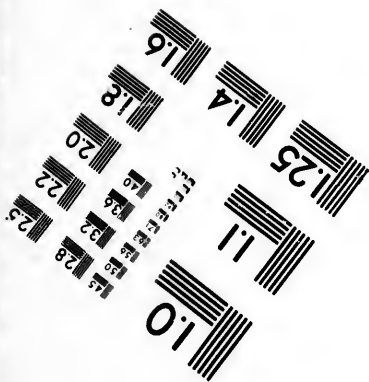
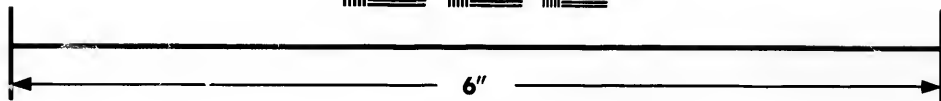
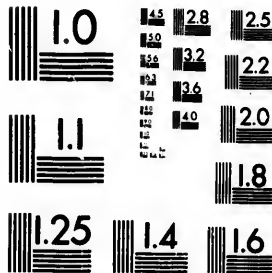


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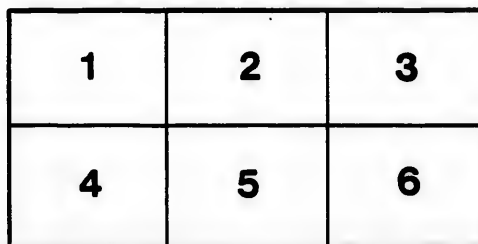
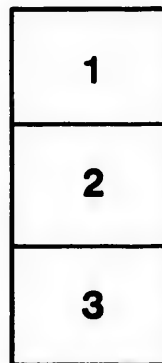
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(Reprinted from the Montreal Medical Journal, May, 1896.)

CYSTIC TUMOURS OF THE BRAIN FOLLOWING TRAUMA-
TISM—JACKSONIAN EPILEPSY—OPERATION—
PERFECT RECOVERY.¹

By GEORGE E. ARMSTRONG, M.D.

Assistant Professor of Clinical Surgery, McGill University; Surgeon to the Montreal General Hospital; Surgeon to the Western Hospital, Montreal.

A French boy, aged eight years, was admitted to the Montreal General Hospital complaining of epilepsy and was placed under the care of Dr. F. G. Finley. The following history is taken from the excellent case report of Dr. Gordon Byers.

When fifteen months old, patient fell down stairs, striking himself with such violence on the side of the head as to produce a hole in that region. He remained unconscious for six days and during that time had a squint of the left eye. He then became quite well again in both mind and body. One month later he began to have convulsive attacks, accompanied by temporary loss of consciousness. They occurred about once a week and were often accompanied by loss of control over the sphincters of the bladder and rectum.

At the age of three years these seizures ceased and he became quite well and went to school like other children.

In January, 1895, *i.e.*, at the age of seven, the condition again came on with increased severity, and as a rule he would have five or six fits in a day if the attacks were mild, three or four if severe. Previous to the onset he does not hear noises, see lights, or have any strange sensations, and never knows when the seizures are coming on. The seizures are ushered in by the eyes turning upward, then he stiffens out and falls, the eyes and head turn to the right, clonic spasms come on in the right arm, then in the left, then in the legs.

There is, however, no special order of invasion. He foams at the mouth and often passes urine and feces, but does not draw his tongue. Following the attack he is "silly like," limp, and often goes to sleep. Occasionally he is sick at the stomach, cries, and complains of great pain in the back of the head.

During the intervals he is like other children and talks and plays as they do, but is often irritable and cannot be contradicted.

At four years of age he had a severe form of measles.

Inquiry into the family history found no record of nervous troubles or tuberculosis.

On October 12, 1895, his condition was that of a well-nourished, intelligent French child of eight years. On the head there was seen a depressed area of bone, oval in shape, just above and in front of the horizontal limb of the Sylvian fissure. It measured 3 cm. from above down, 2 cm. from before backwards. The depressed area presented visible pulsation, not diminished by pressure on the occipital and temporal arteries. This, however, could only be slightly felt, and on light palpation.

Examination of the optic discs showed no evidence of a neuritis or other abnormal changes.

The respiratory, vascular, digestive and urinary systems were normal.

From October 3rd to October 23rd he had six fits, similar in general characters to those described above.

On October 23rd, 1895, he was given chloroform and the head shaved and prepared as usual for operation.

An omega-shaped osteoplastic flap was raised and the dura mater found adherent to the opening in the skull. The opening presented a smooth rounded border. There was no bone found to fill this gap, and the conclusion that it was due to pressure absorption seemed the only one possible. Beneath the gap in the skull were found two thin-walled cysts, each containing about one ounce of clear fluid. The portion of the cyst wall in contact with the cerebrum was very thin, transparent and could not be removed without lacerating the brain. Electrical stimulation of the cerebral cortex in the floor of the cyst and also in the neighbourhood failed to cause any muscular contraction. The osteoplastic flap was replaced, a special opening being provided for the introduction of an iodoform gauze drain. He made a perfectly smooth recovery.

He was discharged on the 10th of January, 1896. The sinus was completely closed. The child had had no fit since the operation and seemed to be in perfect health.

