

SUMMARY AND OBSERVATIONS.

1. In 40 cases given luminal alone or in conjunction with bromides, 32 cases (or 80 *per cent.*) showed diminution in fit-incidence.
2. It would appear that as a rule luminal plus bromide is better than luminal alone.
3. No marked difference was found in the effect of the drug on major and minor seizures.
4. When luminal was stopped the fit-incidence fell in 3 cases, remained stationary in 1 case, and rose in 10 cases.
5. No poisonous symptoms or rashes at all were noted in this series.
6. No mental or physical amelioration was observed in any of the patients, other than was to be expected concomitantly with the fit reduction.
7. One case having luminal died with *status epilepticus*.
8. The principal moral to be drawn from these observations is that it is the patient who should be treated and not the disease. Epilepsy is not cured by luminal, but many epileptics are benefited by it.

I wish to express my thanks to Dr. G. F. Barham, the Medical Superintendent, for permission to publish the notes on these cases.

Mental Symptoms following Evacuation of Cerebral Blood-Cyst.⁽¹⁾ By W. CALWELL, M.D., Physician to Royal Victoria Hospital, Belfast.

A. B—, æt. 42, governess, of a neurotic family. Had been in France and England with an American family, and consulted several doctors for some vague illness, sciatica, etc.

Seen first October 12, 1923, in consultation with Dr. Watson, Belfast. She was suffering from very severe headache and complained at times of being in agony, at times getting some relief. This headache came on very suddenly. She had then definite left hemianopia and left hemiparesis and left hemianæsthesia; there was no optic neuritis.

October 25, 1923: Admitted to the Royal Victoria Hospital in a semi-comatose condition. In the more conscious intervals she still had attacks of the agonizing pain already complained of; there was still the hemianopia, hemiparesis and hemianæsthesia. Some vomiting during the first few days. Some blurring of the discs was now seen, and retina was noted as congested. Towards the right she was able to count fingers at three feet, towards the left not at all, but she could make out movements at three inches.

On November 1 little change is noted in her sheet. Still complains of headache in her more conscious periods; at other times she is wildly delirious; optic neuritis more marked. Blood-pressure, temperature, were all normal; cerebrospinal fluid escaped under some pressure; both it and the blood were negative for Wassermann. X-ray examination of the skull showed nothing abnormal. She had some vague delusions about this time: she refused to take fluid out of a feeding-cup, and subsequently it was discovered that she thought that there was urine in the cup.

On November 2 Prof. Fullerton did a decompression operation. I said the pressure was about the right optic radiation, pressing forwards on the posterior parts of the internal capsule, causing the hemianæsthesia and the hemiparesis. A trephine opening was made over the temporo-sphenoidal lobe; the dura mater bulged, was incised, and a soft fluctuant cortex exposed. A grooved probe allowed some thickish, darkish, bloody fluid to escape, and Prof. Fullerton then obtained some more with his evacuator; in all he thought there was nearly 3 oz. The brain collapsed. From a surgical point of view the patient made an uninterrupted recovery. Pathological examination did not reveal any tumour-cells or other guide as to the nature of the cyst. On November 5 consciousness was much clearer, but she had no idea of time or space; later she knew that she was in hospital, but had a dread that she was going to an asylum.

On November 25 she was able to sit up and read, and pointed out a passage in Omar Khayyám where no faith is expressed in doctors, and she said that she now did not agree with the passage. She seemed to have some hallucinations, which she kept very closely to herself: she thought that she saw a doctor whom she had consulted in ——— walking across the ward floor, also a doctor of ———, but she was very reticent. During December she was very variable: some days she showed signs of great fear, fits of crying, depression, and complained of pain in her head; she wanted to go to the bathroom by herself, but was not allowed. She took about nine or ten short turns of depression now, for a time nearly every day, wouldn't speak, covered her head in the bedclothes, her body curled up, her forearms folded before her face; then she said that she was sorry that she came out of the anæsthetic—that she was no use in the world. When she was well she was always trying her memory; she was anxious to be precise about facts, dates, etc.

She was discharged on December 27, but became worse, and had to have some one constantly with her. She was taken across to England and had to be confined in an asylum. We had a letter from ——— on February 2 saying that she was well, but had still some left hemianopia, some hallucinations of noises in the head, sometimes conversations and sometimes vague delusions. Lately she wrote a letter to Prof. Fullerton, well expressed, thanking him for all his trouble, and on June 3 a post card to the sister of the ward saying she was home and well.

My reading of the case is that (1) she had an unrecognized attack of encephalitis lethargica, (2) that the blood-cyst was one of those rare extreme developments of the small hæmorrhages that are commonly found in this disease, and (3) that she suffered from a mild acute confusional insanity following the intense pain, the anæsthetic, the operation, and finally the fear of going mad and of poverty. Whether the site of the lesion had anything to do with the hallucinations of sight and of hearing or not is a matter of debate.

The complete recovery of power and feeling after the evacuation of the cyst, and of the optic neuritis, but the permanence of the left hemianopia, point to some destruction of the optic radiation, but to pressure only on the sensory and motor fibres. The loss of power was slight, and scarcely noticeable in the face.

(¹) A paper presented at the Annual Meeting held at Belfast, July 2, 1924.