experience in institutions which are not recognised training schools, over whom they demand there shall be Control, we can assure them that these undisciplined hordes will not calmly submit to the restrictions the Matrons desire to inflict without question. Not a bit of it. Naturally, in a free country, there will be legal assault and battery and the Matrons will find defence an "expensive process" indeed. Good discipline in every profession must be based on justice, and it will be well for the Hospital Matrons' Association to realise, before it is too late, that their demand to segregate thousands of attendants on the sick without the Pale is an arrogant and untenable demand they cannot enforce.

JACKSONIAN EPILEPSY.

ITS CAUSE AND TREATMENT,

By Miss L. Goddard, S.R.N.

It was in the year 1861 that the neurologist, Hughlings Jackson, first investigated a form of epilepsy in which the spasms, although characterised by localised epileptiform convulsions, are limited to single groups of muscles, or, in some cases, spread by degrees from one group to another. This type of epilepsy always begins in the same limited area, on the side of the body opposite to that in which the cranial lesion is situated, while consciousness is not lost at all, or only at a later stage in the attack. It is this late appearance of unconsciousness that distinguishes Jacksonian epilepsy from the true epileptic fits.

The attacks are usually the result of irritation of a definite portion of the motor area, though it is quite probable that there may be sensory lesions in the motor zone.

The cause of the disease is often obscure, and its features are very different from the usual epilepsy. The irritation in the motor centres may be due to a great many causes. It is usually due to some organic disease of the brain, such as cerebral syphilis, cerebral tumours, small abscesses, hæmorrhage or a discharging lesion, or fragments of a fractured skull causing local irritation of the brain, and it is also seen in some cases of general paralysis of the insane.

Jacksonian epilepsy is not commonly regarded as a functional disorder.

Cases of Uræmia must not be forgotten as localised epilepsy may occur. Also, a chronic infective disease produced by the Actinomyces or ray fungus may subsequently cause Jacksonian epilepsy.

The parasite attacks both man and cattle and usually affects the mouth as it is found in the cavities of carious teeth. The parasite is usually taken with food, and may cause cerebral actinomycosis; the symptoms are similar to tumour of the brain.

Symptoms.—In a typical attack, spasms or twitching begins in the face, spreading to the arm and leg, or from the toes or the thumbs. A feeling of numbness occurs at first, followed by a twitching or movement in the particular part affected, which may sometimes be visible, and at others just felt. As one group of muscles becomes affected, it spreads by degrees to others, which indicates a spread of discharge along the cortex cerebri. These spasms recur constantly and in the same group of muscles each time.

The patient, being conscious all the time in the milder cases, can describe these spasms as they spread from arm to leg or face to arm. As the disease advances, loss of consciousness does occur, and as time passes the convulsive movements grow stronger in severity. The risk always present in this partial epilepsy is that it may become general, as in the later stages the typical seizures of the severe type do occur, the patient becoming irritable and aggressive with outbursts of violent temper.

Many epileptics do not show any signs of mental deterioration, and their fits may recur once or twice in the course of one week. Napoleon Bonaparte, Mohammed, Julius Cæsar and Peter the Great are all examples of epileptics whose mental faculties were highly developed, but in the larger number of cases there is nearly always some gradual loss of memory and mental deterioration through the continuous and frequent seizures.

Both sexes are affected alike, and the fits may occur at any time, sleeping or waking, and at any time of life.

After death by epilepsy, the brain shows no unusual appearance unless there is a thickening of the skull or its membranes, or unless there are tumours of the brain which have caused the fits by their irritation.

Treatment.—In cases where fracture is known to be the cause, if the lesion can be localised, the spasms may be relieved by the operation of trephining over the area involved, but in cases of epilepsy following hemiplegia, surgical operation is not usually performed.

The diet should be rich in fats and salt avoided; red meat, also, should *not* be given. Bromide, Solanloin tablets and Epanutin capsules appear, at present, to give the most relief.

If the disease is due to syphilis, treatment such as iodide of potassium is given, or as the medical officer may order.

SULFATHIAZOLE FOR BEDSORES.*

The observations during our study of the progress of healing in this group of ulcers has brought out several notable characteristics. The base of the ulcer which, as we all know, is inevitably covered by a necrotic and purulent slough, becomes converted within twenty-four hours into a clean, healthy appearing surface. This now provides the foundation upon which is produced abundant granulations. This tissue fills in the undermined edges of the lesion so that the diameter, as well as the depth, is reduced in extent. It is worthy of note that the presence of moisture, which can be considered detrimental to the rapid healing of such an area, is minimal.

Our limited experience in this group of patients seems to indicate that the employment of the topical application of sulfathiazole powder, in the manner which we have outlined, may prove to be a progressive step in the treatment of indolent ulcers. In our hands this method has proved to be the only one from which universal success can be expected in the management of decubitus ulcers. J. I. Goodman and J. F. Corsaro, *Ohio State M. J.*, October, 1941.

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