

power uniform. About four months ago experienced partial occasional numbness and coldness in left hand, and a sense of prickling in the same arm, also the same feeling of numbness and coldness in the left foot, particularly the toes, ordered a "black draught," and Parishes' food with ferruginous tonics, saline sponging to spine and the body generally, and the free application of the neurotone to the chief ganglionic centres. Here is a case of well defined *thermo-anæsthesia*, without loss of sensation to tactile or painful impressions. It has been noted that in cases of lesion of the pons, there has been anæsthesia, to pain and temperature, on the side opposite to the lesion, while tactile sensation has been unaffected. In the present case, the existence of any cerebral disease, is not defined, even although there is evident localized reduction of temperature and tactile sensation retained. What the precise condition of the system which induces this evident local reduction of the temperature, is difficult to define. The recent remarkable discoveries regarding the structure of the nervous system, may doubtless throw new light, on many nervous phenomena, of health and diseases. M. Capitan of Paris, (La Nature, Nov. 25, 1899), states, that the nerve cell, once regarded as a small, polygonal mass, with prolongations at the angles. through the able investigations of Nissl, von Lenhossek, Ramon-y-Cajal, Golgi and Prof. Mathias Duval, as well as other active observers, have demonstrated, that this *actual simple nerve cell*, is complicated in other ways. In its structure, an *amorphous substance*, called *chromatin* in packed grains, and in which are distributed bundles of fibres, forming a net work of considerable regularity in the meshes of which are packed, the grains of this peculiar and interesting substance. From the cell arise a large number of prolongations in all directions, compared with the rootlets of a plant. These cell prolongations are not continuous, but simply approach each other, and possess contiguity, but not continuity. Thus we observe how recent histologic and biologic investigations, as to nervous structure, have made quite a revolution in our ideas, of this portion of the system. As to this particular case, in arriving at a diagnosis of the entire condition, it is well to bear in remembrance, that it is still a disputed point with physiologists, whether the so-called motor area, has any sensory function, as great destruction of the motor cortex has been known to exist, without any sensory symptoms being produced, Dr. Williamson of Owens College, states in the Medical Chronicle, February, 1899. "I have seen cases of extensive destruction of the motor area of the cortex by tumour growths, (verified by autopsy) in which during life, I have not been able to detect any anæsthesia, and I have also found sensation normal, when the autopsy has revealed extensive softening of the motor area, of the cortex. Under such circumstances it is prudent to observe cautiously, treat carefully, and await practical results.

May 26th. This case has so far made a good recovery, temperature now being normal throughout.

150 Elgin St., March 23, 1900.