mental centre tending to control, or, as it is often called, inhibit the motor centre.

In some cases of cortical epilepsy the patient describes no aura whatever. In such a case it is probable that the lesion is purely one of the motor centre. Before leaving this point, however, let me say that the presence of an aura does not enable us infallibly to diagnose the precise locality of the lesion, and this, for the reason, that the relations of sensation and motion are so intimate that we cannot entirely separate them as to cerebral localities and their mutual interaction.

You see, now, that our simple case of cortical epilepsy has considerable importance as one of the proofs of cerebral localization.

Now, let us take up another feature. You remember how I described the convulsions in a certain patient as always beginning in the left leg, if severe, involving the left arm, and if very severe, involving the opposite side of the body. Let us assume that the disturbance began in the leg centre in the motor area of the right hemisphere. Let us then picture what goes on. While we cannot describe what is that mysterious process which goes on in the brain cells when they act, yet we can use a simile to help us. Let us conceive that each brain cell contained a minute quantity of dynamite, the explosion of which caused a muscular contraction in the related muscle fibre (we must also imagine that the brain cell was able to become re-charged after a little time). Now, if the adjacent cells were jarred by the explosion, we could imagine a lot of them going off in rapid succession. It would then be expected that the greater the number of cells involved in, and the more sudden the first explosion, the greater the number of adjacent cells which would receive the shock and be themselves discharged. If the initial explosion in the leg centre were not severe, the leg centre alone would be involved, but if more severe, the adjacent arm centre would be brought into activity, and if the series of explosions were now severe, the cortical matter of the opposite hemisphere would go off or be discharged.

Indeed it seems pretty clear that some such process does occur, and the cortical substance seems to be involved in all directions. It reminds me of a fire in the grass burning rapidly at all points, around the circumference. For instance, my patient with the leg epilepsy, on one occasion, had a particularly severe convulsion in my office, and not only were all the motor centres invaded, but the mental as well, and for a brief space she had a furious attack of mania, which required the control of four able-bodied men. You see, then again that our limited epilepsy helps us to gain some insight into the processes involved in the ordinary and graver forms. When you conceive that in a general epileptic convulsion, the discharge takes place not at a limited area, but over a large part if not the whole of the cortical substance, at once you can readily understand the wide distribution of the parts involved. Again you can understand why an epileptic falls into a comtose sleep. His cortical cells are all, for the time being, exhausted, and not until the cells have drawn from the blood a fresh supply of explosive material, can the ordinary and regular discharges be again established.

(To be continued.)

A CASE OF PERIOSTITIS ALBUMINOSA OF OLLIER.*

BY THOMAS R. DUPUIS, M.D., KINGSTON, ONT.

GENTLEMEN,—The case which I bring before you to-day is one of those diseases which acquire interest by their rarity. Rare diseases when discovered should be brought to light, and exhibited especially before medical associations, for the purpose of awakening attention to their existence. We are so constituted that many things pass us unnoticed every day, and are hence accounted rare, for which, if we were on the look out we should find to be perhaps of very frequent ocurrence. It is so with diseases, and with the symptoms of disease; and hence the propriety of noticing many things that in themselves seem trivial. This is my apology for bringing the following case before you.

In May, 1888, there was brought to me from New York State, a young man aged 22 years, to be examined and treated for a peculiar kind of swelling on the middle third of the anterior part of the tibia. The medical gentleman who had attended him there, came with him and stated to me that he was completely puzzled in the case. He had supposed it to be an abscess, and with this

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