

to conclude that fits cannot originate from any of the spinal nerve centres. The origin must be somewhere within the encephalon. Taking the symptoms before enumerated as a guide, we know that consciousness is dependent on the integrity of the cortex and cerebral hemisphere, and does not appear to be the concomitant of the functional activity of the remainder of the encephalon. The change of respiration may, of course, be due to involvement of the respiratory centre in the medulla, but it must be remembered that many observers have found extensive representation of respiration in the cortex cerebri. Phonation, also, although it can be evoked from the medulla, has been found to have representation in the cortex. Furthermore, the investigations of recent times have been strongly in evidence of a cortical origin of the muscular spasms which form such a distressing feature of the epileptic convulsion. It has been thought that excitation applied to one hemisphere would produce bilateral spasms. Prof. Horsley's experiments, however, tend to show that when the limbs of both sides of the body are in active convulsion both hemispheres are involved in the fit.

In summary, Horsley says: "Whatever be the point which the epileptogenous agency first attacks, we must conclude that the principal seat of the disturbance of a general or idiopathic fit must be the cerebral hemispheres, and especially their cortical mantle. Further, that the condition of the cortex during the attack is one of congestion, and not anæmia; and finally that in all probability this portion of the encephalon is actually the place of origin of the disturbance."

For ten years physicians have led the list of suicides. From this it would seem that an efficient method of exterminating fools would be to induce them to join the medical profession in order that they might kill themselves.—*Fr.*

Correspondence.

BALTIMORE, March, 1892.

DEAR M.:

The surgical department of the Johns Hopkin's is under the management of Dr. W. S. Halstead, who is steadily acquiring a high reputation as a scientific surgeon. He can scarcely be called a brilliant operator. All the steps of a complicated operation are executed with the greatest care and conscientious attention to the most trivial details. The results are almost invariably good. His contributions on the value of the blood clot in the management of dead spaces in wounds, hernia, intestinal sutures, and other surgical procedures are noted for originality and sound judgment.

The operation for carcinoma of the breast, which has been steadily growing in favour among American surgeons, is worthy of the attention of your readers as it is based on solid pathological reasons. I refer to exsection of the part of the Pectoralis major, it having been clearly demonstrated that infiltration of the lymph spaces and glands in that structure occur early and may indeed precede involvement of the axillary glands. Halstead's method I will describe in his own words taken from a typical case published in the Johns Hopkin's Hospital Reports, vol. II, page 263.

Wealthy Mason Aet 47 admitted to Hospital, March 20th, 1890.

About one year ago the patient noticed a lump no larger than a pea just external to the left nipple. The lump has gradually increased in size and is now about as large as a hen's egg. The axillary glands are large enough to be felt.

Operation March 21st. The knife was introduced at a point from 3 c. m. to 5 c. m. below the middle of the clavicle and drawn outwards on to and down the arm to a point below the insertion of the pectoralis major muscle. The knife was then reintroduced at the starting point and the tumour circumscribed by a skin incision, which gave