

an ingrowing toe-nail to a scar on the scalp, and they include equally a lacerated uterine cervix, an ulcerated tooth, a spine on the nasal septum, a weary ciliary muscle or a foreign body in the meatus auditorius. Happy is the surgeon who, in a case under his care, recognizes one or other of these as the source of the convulsive seizures. It may be the chief or only *fons et origo mali* and its removal often means a complete cure of the disease.

Cases where the exciting cause was discovered and its relation to the diseased phenomena recognized, and where its removal brought about cure, are among the most interesting reading in medical literature. The reports of recent removals of brain tumors and the other advances in cerebral surgery, for which the profession is primarily indebted to the work of such men as Victor Horsley and Macewen, of Glasgow, and to the researches of Ferrier, Hughlings Jackson and others are familiar to every reader of medical journals. They constitute some of the most brilliant achievements of our art and form a most valuable contribution to rational medicine. Here the cause of the "encephalic discharge" is an irritant operating in the immediate neighborhood of, or within the motor area itself.

These examples of "central" epilepsy (which usually present symptoms that serve to distinguish them from the ordinary "idiopathic" variety), and their successful treatment belong to quite modern surgery. However, in several recent works on diseases of the brain, methods of localizing and of surgically treating cerebral neoplasms are considered at length. (3)

Last of all, inasmuch as that mental force which manifests itself through unknown molecular changes in certain parts of the cerebrum, also directly influences the sensori-motor areas, it is not to be wondered at that psychical causes, such as fright,

excitement and anxiety, cause or precipitate such a large proportion of the attacks of this disease.

Admitting this to be true and that mental disturbances are capable of producing epilepsy, it is not difficult to understand how treatment of an active kind, particularly of that active kind known to the laity as "the use of the knife," might so impress itself upon the patient's mind as to bring about a cure.

It is important to make a broad distinction between *relief* and *cure*. The cure of epilepsy (meaning always the so-called idiopathic variety, and excluding Jacksonian and "hystero" epilepsy, as well as "epileptiform" convulsions and post-paralytic epilepsy), should not be confounded with *temporary freedom* from the attacks. In this connection I do not propose to say much in reply to that extremely indefinite question, so often asked, "Is epilepsy ever cured?"

What is commonly meant by the question is this: Is the neurosis which underlies the cerebral discharges ever suppressed? instead of, "Is the exciting cause or causes of the attacks ever removed?" To the first, one might reply with a very doubtful and hesitating affirmative. To the latter query, the answer is decidedly, "yes." Clinically and practically, however, a cure means that a *reasonable* time (which will vary with the case) must have elapsed since the patient has had a recurrence of the fits. This would in all cases be at least many months.

Still more difficult is it often to decide whether a given remedy *relieves* epileptic attacks, for, as is well known, these vary greatly in the same individual, as to frequency and severity, both when no treatment has been followed as well as when he is under treatment.

That the *aura* can be cut short and the attack which it heralds prevented by mechanical means is undoubted, but to show what confidence has been and for

3. For Example, see Chaps. x. and xi. of Byron Bramwell's "Intra-cranial Tumors," 1889.