upper extremities principally. He says his sight is dim, and often after severe exertion he is blind and sees things double. His eyelids twitch when he has undergone exertion. He has lost all sexual desire. He is seldom able to retain his urine over an hour. The bowels are irregular. He says he cannot walk well in the dark, but there is no evidence of ataxia when his eyes are shut. Tendon reflex normal.

Dr. Duncan, of Seaforth, showed a very well-marked example of Jacksonian Epilepsy. The patient is a boy 4½ years of age, a twin, born at 7 months. The premature birth was owing to an injury the mother received from being thrown out of a sleigh. General health good. Had whooping cough. There has been a purulent discharge from the right ear ever since the child was two months old. When the child was nine months old the mother noticed that while nursing it would suddenly, and without apparent cause, stretch itself back and leave the breast for a short time. From the ninth to the twelfth month the child had very frequently attacks of ordinary convulsions. These attacks, however, have completely passed away. The boy is larger and better developed than his twin brother. His mind is bright and active. His speech is not very distinct however.

The first unilateral convulsion occurred in June, 1878. They have recurred frequently since that time, sometimes there will be as many as seven in one day. The individual fits occur as follows: The first thing noticed is generally that the child is in unusually high spirits. He is restless and excited, and talks strangely. About twenty minutes before the convulsive movement begins he loses the power of the whole left side. The convulsions commence sometimes in the fingers, sometimes in the toes, always on the left extremity however. If they commence in the fingers they travel up the arm and down the leg. If in the leg, then up this limb and down the arm. The convulsive movements last for a short time; they are followed by a short pause, again repeated, and so on for four or five hours. The tongue is protruded to the left side, and the eyes are turned in the same direction during the convulsions. The left side of the face and forehead get dark in color during the fit. After the convulsions have ceased the child falls into a deep sleep from which he awakens with completely paralyzed left extremities. This paralysis passes away in from twelve to twenty-four hours. Consciousness does not appear to be completely lost during the attacks. Bromide of potassium has appeared to have prevented many convulsions which otherwise would have occurred. The above case differs from reported cases in the fact of paralysis preceding as well as following the convulsions.

Dr. Taylor, of Goderich, showed the following cases:

(1) Pseudo-hypertrophic muscular paralysis. This patient is a boy, aged 16, with a good family and personal history, and who presents the characteristic symptoms of this disease in a pronounced degree. His mother states that he always had a difficulty in walking, and was constantly falling if travelling over uneven ground. His playmates styled him "Stiff Legs." The calves are three inches greater in circumference than the upper part of the thigh. The arms are an inch larger than the forearms. There is general muscular weakness. Patellar tendon reflex is absent.

(2) Left hemiplegia from destruction of a portion of the right cortical region of the brain—Epilepsy.

The patient, a female, aged 23, when 5 years of age sustained a fracture of the right side of the skull by a branch of a tree falling on her. There was loss of cerebral substance at the time. Her left arm and leg have been partially paralyzed since. There is almost complete paralysis of the arm, but she has some use of the leg.

The patellar reflex of the paralyzed limb is greatly exaggerated. The left arm is atrophied and contracted. There is loss of bone to the extent of about 1½ inches over the right side of the skull, principally in the region known as the lower antero-parietal area, and which corresponds to the convolutions bordering the fissure of Rolando.

Three years ago this patient had her first epileptic fit. Since then the epileptic convulsions have recurred two or three times weekly.