hemiplegias of cortical origin are produced by extensive lesions of the ascending convolutions; partial paralyses (of cortical origin) are produced by limited lesions of the same convolutions. Of the latter may be distinguished : (a) the brachio-facial monoplegias which coincide with lesions of the lower half of the ascending convolutions; (b) the brachio-crural monoplegias, which coincide with lesions of the upper half of these gyri; (e) the facial and lingual monoplegias, depending on very limited lesions in the lower part of the motor zone, particularly of the ascending frontal; (d) the brachial monoplegias which depend on lesions limited to the mid-region of the motor convolutions, particularly the ascending frontal; (e) the crural monoplegias, depending on limited lesions in para-central lobule. 5. Whether general or partial, the paralyses produced by destructive lesions of the cortex are permanent, and, after a certain time, are followed by descending degeneration of the pyramidal fasciculi and permanent contracture of the paralysed muscles. 6. Irritative lesions of the surface may give rise to epileptiform convulsions (cortical or Jacksonian epilepsy), clearly distinguished from ordinary epilepsy, beginning with a motor aura and confined to a group of muscles or one-half of the body, or the convulsions may become general. 7. As a rule, the lesions which induce epileptiform convulsions are in the cortex, and are in, or close to, those centres which, if destroyed, would cause paralysis of the muscles convulsed. The lesions, however, may be either in the motor or non-motor areas.

The authors conclude by stating that the doctrine of cortical localization in man is based on an analyses of many hundred observations, and that it is perfectly satisfactory. There is not a single demonstrative contradictory observation. Those which are given as such certainly do not stand the criticism of MM. Charcot and Pitres. They make the strong statement that there is not a single strict observation on record of a destructive lesion outside the motor area which has produced phenomenal paralysis, and, on the other hand, there is not a strict observation of a destructive lesion of the motor regions which has not caused a permanent paralysis on the opposite side of the body.