shortly after a seizure) when he said, "There, I am going to have another attack." He grasped his left wrist firmly, but jerking began in the arm, the muscles of the upper arm being most affected. This was shortly followed by twitching in the other muscles of the arm, all growing worse, until the forearm became flexed upon the upper arm; then the muscles of the face began to twitch, and both sides seemed affected just as in true epilepsy. The man meantime made violent efforts to control the spasms, and called to his wife to prevent the flexion of the forearm. She succeeded in straightening it with some difficulty. In five minutes the attack was over, and I am unable to say whether he was unconscious or not. For several days afterwards he complained of weakness in the affected arm. The spasm in this instance and in every other attack was distinctly confined to the left arm and face, beginning first in the arm and extending to the facial muscles. Without the dynamometer test, the grasp of the left hand, several days after an attack, appears to be as firm as that of the right. I do not know why it should be so, but the patellar tendon reflex is wanting in the left leg, and is faint on the right side. The only doubt, it appears to me, in the diagnosis of this case as one of Jacksonian epilepsy, or, in other words, of disease affecting the face and arm centres about the fissure of Rolando, is that matter of loss of consciousness. It seems to me, however, that the clonic muscular contractions, confined to such related groups of muscles as those of the arm and face—the gradual onset—the loss of consciousness, if at all, but very slight, and coming on near the end of the attack, after the patient has been able to make vain, but intelligent, efforts to prevent the involvement of the other arm and facial muscles—the absence of any history of his falling down,—all these point to a local brain lesion and not to true epilepsy. There was no paralysis in this case, nor any tonic contractions of the muscles, although the patient complains of weakness in the arm for a day or two after an attack. One must conclude that there is no actual destruction of the cortex within the motor area, but that some growth or induration in a situation outside of it irritates, upon occasions, the centres that preside over the face and arm muscles. In Dr. Osler's case, there was a long-standing contraction of the right foot.

Regarding the treatment of this case, he has been taking, for several months, 5 grs. of potassic iodide, 10 grs. of potassic bromide, and 15 grs. of potassic bicarbonate, three times a day, on alternate days, and so far he has been free from attacks. I am watching the case and awaiting developments. Thinking, for obvious reasons, that it was advisable to have his eyes examined, I sent him to Dr. Proudfoot, and I conclude with his report:

"I send you the following notes of E. B.'s case. I am sorry he could not come to see me again, as I wished to examine his colour perception and visual powers, which I could not do before. At the time I examined him, I found the humors of the eye perfectly transparent and nothing abnormal, with the exception of the 'disc,' which was somewhat grayish in colour, and there were two or three small collections of pigment at the upper and outer margin, and a narrow atrophic ring extending round the lower and inner third, with a slight depression of the vessels in that region. There was no hyperæmia or other evidence of any very recent trouble, and the patient informed me that his sight was as good then as it had been for some time back."

*Discussion.*—Dr. BULLER said that there were many well-established cases where epileptic attacks, were caused by the irritation produced by a shrunken eye-ball. This is especially the case where the choroid coat is undergoing inflammatory changes resulting in the formation of bone. He then called the attention of the Society to the condition of the patient's eye, in which the osseous deposit was perceptible, and said that the irritation produced by the pressure of this hard ring on the ciliary nerves was sufficient to set up sympathetic changes, and perhaps to account for the epilepsy.

Dr. STEWART said the case was evidently one of cortical epilepsy. General epilepsy might be traced to such a source as irritation of the ciliary nerves, but he did not understand how it could produce one-sided epilepsy.

Dr. TRENHOLME thought Dr. Buller's views were very important; slight but continuous irritation of sensitive nerves is apt to set up epileptic attacks. He throught enucleation of the eye might be performed with benefit.

Dr. BULLER, in answer to a question from the President, said that if the attacks recurred he would recommend removal of the eye.