In running over the differential diagnosis I spoke of cases in which the glands are normal, but in which there is marked proliferation of the stroma.

Dr. Primrose brought to the laboratory several weeks ago some scrapings which presented just such an appearance under the microscope. The stroma is exceedingly cellular in places, and might at first sight appear to be epithelial tissue, but the glands lie at equal distances from each other, and are perfectly normal. I have brought several sections of these scrapings with me. I do not know the history of this case, but in others of a similar character the patients have suffered from uterine hemorrhages, which were checked for several months by curetting.

## REPORT OF AN OPERATION FOR JACKSONIAN EPILEPSY.\*

By DR. H. M. THOMAS.

I wish to relate the details of a case that was operated on to-day at the Hopkins Hospital, and which has been to me a most interesting case. The patient was a man aged 45, who lived in the country, and though complaining of epileptic attacks, had never consulted a physician. He had been a fairly healthy man, though never robust, had never used alcohol, did not smoke, and had never been exposed to venereal contagion. About fifteen years ago, in the spring of the year and towards the close of his day's work in the field, he suddenly became unable to speak and felt that his right hand was weak. He walked home, and for two or three days had great difficulty in speaking, and his hand felt numb. continued his business though, of overseeing his farm. After several months he had a convulsion. He did consult a doctor at that time, was put upon bromides and recovered. About a year following the first attack, while in the field, his right leg became paralyzed and he had to be carried home. He recovered from the paralysis, but began to have peculiar attacks, at first infrequent, but within the last year, several a week. They come on him in one of two ways—first, losing the power of speech, then a twitching in the right side of the face, the hand becomes numb, and then the paralysis passes up the arm and down the leg; or second, it may begin with a twitching in the face, and the loss of speech comes later. He has

<sup>\*</sup>Read at a meeting of the Clinical Society of Maryland, Baltimore, January 4th,