day (having reached the house 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 dynaomometer 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 in 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 tonic 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 not 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 cortea 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 bicarbonite, 3 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 wish to examine his color 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 greyish in color, 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 vessel in that region.

"There was no hyperoemia 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."

A WORD OR TWO ON THE TREATMENT OF ACUTE PERITONITIS, WITH A COUPLE OF CASES IN ILLUSTRATION.

By A. D. Stevens, M.D., Dunham, Quebec.

It is not necessarily the rare and obscure in practice that possess the most interest to the class of men who read journals like your own. When a *point* can be emphasized—even a well known one—it is well to do so. With this end in view, I send a condensed account of treatment of a couple of cases of typical acute peritonitis.

G. W., aged about 40 years, of robust constitution, and carpenter by trade, fell ill on the 22nd of January last, from exposure to cold, while working upon the outside of a building. Two days later, symptoms of acute peritonitis developed. I gave him a few grains of hyd. c. cretâ and a saline cathartic, which emptied the bowels. The next day the increased tenderness of the abdomen, the tympanites, the elevated temperature and other well known indications more fully confirmed the diagnosis. From 20 to 30 drops of tinct. of opium (according as could be tolerated) were then ordered him every three hours, and turpentine stupes to be freely applied to the abdomen. Although the stomach was irritable, he managed to