6. On removing the excitable cortex from one hemisphere and stimulating the cortex of the other side, in two of the cases no movements were obtained on the same side as that of the cortex stimulated. In one experiment, where movements of interosseal flexion of the fingers, flexion of wrist and pronation were obtained on the opposite side, the most frequent movement on the same side was slow flexion of the fingers under deep narcosis, but under slighter narcosis the movements were the same as on the opposite side. In another experiment the only movement obtained on the same side was slow flexion of the elbow, whether the stimulation was applied to the "arm centre" or to the "leg centre." Also in this animal, when the internal capsule was exposed and stimulated, very slow flexion of the elbow was obtained on the same side when extension of the wrist and flexion of the fingers were obtained on the side opposite to the stimulated capsule; also very slight extension of the hip and knee were obtained on the same side when marked extension of the toes and flexion of the thigh and knee were obtained on the opposite side.

7. No epilepsy was obtained on the same side as the cortex stimulated, when the opposite cortex was removed.

The above experiments are hardly sufficient in number to prove for certain whether the movements occurring on the same side of the body as the cortex stimulated are evoked from the opposite cortex by means of the corpus callosum or from the endings of the pyramidal tract through the commissural fibres of the spinal cord. In two of the cases, after removing the left motor cortex, there was no movement at all in the right arm on stimulating the right cortex, although there was marked movement in the whole of the left side, and even in one case epilepsy. In another case the same movement—slow flexion of the elbow—was produced on the same side irrespective of the place stimulated, and in only one case was there any correspondence of movement between the two sides.

On the whole the experiments, as far as they go, are in favour of the theory that in the monkey the movements obtained on the same side as the cortex stimulated are produced from the opposite cortex through the corpus callosum rather than through the commissural fibres of the spinal cord, and that epilepsy is not obtained in the same side of the body as the cortex stimulated if the opposite cortex be removed.

I cannot conclude without expressing the hope that all students of anatomy may some day be taught on the living person and not on the cadaver the movements in which muscles take part.

REFERENCES.

- The Works of John Hunter, F.R.S.*, edited by James F. Palmer, p. 245. 1837. ² Loc. cit., p. 248. ³ Loc. cit., p. 676. ⁴ *Arch. f. klin. Chir.*, Bd. xxvii, Heft 3, p. 660. ⁵ *Pediatrics*, vol. XI, No. iii, 1901. ⁶ *BRITISH MEDICAL JOURNAL*, September 7th, 1901. ⁷ *Proc. Roy. Soc.*, 1886, vol. xli. ⁸ Schäfer's *Textbook of Physiology*, vol. ii, p. 795. ⁹ *Phil. Trans.*, 1897, vol. clxxxviii. B. ¹⁰ *Ibid.*, 1898, vol. cxc. B. ¹¹ Schäfer's *Textbook of Physiology*, p. 816. ¹² Schäfer's *Textbook of Physiology*, vol. ii, p. 304. ¹³ *Festschrift der med. Fac. d. Würzburg*, 1882. ¹⁴ *Proc. Roy. Soc.*, 1895, vol. lvii. ¹⁵ *Phil. Trans.*, vol. clxxviii, p. 1887, and vol. clxxix, B. 1888. ¹⁶ *Ibid.*, vol. clxxxi, B. 1890. ¹⁷ *Proc. Roy. Soc.*, vol. lxxix. ¹⁸ *Phil. Trans.*, 1890. ¹⁹ *Arch. f. Physiol.*, 1898. ²⁰ *Phil. Trans.*, 1887. ²¹ Schiff, *Arch. f. exp. Path. u. Pharm.*, Bd. iii, 1874. ²² *Phil. Trans.*, 1890, B., p. 73. ²³ *Arch. f. Psych.*, 1895, Bd. xxvii. ²⁴ *Proc. Phys. Soc., Journ. of Phys.*, 1899, vol. xxiv. ²⁵ *Phil. Trans.*, B., 1890. ²⁶ *Ibid.*, B., 1891. ²⁷ Du Bois-Reymond's *Archiv.*, 1870. ²⁸ *Leçons sur les Fonctions Motrices du Cerveau*, Paris, 1887. ²⁹ *Volkmann's klin. Vortr. innere Medicin.*, Nr. 55 to 78, 1867-1890.

PROTRUDING AURICLES TREATED BY OPERATION.

By T. G. OUSTON, F.R.C.S.,

Surgeon, Throat and Ear Hospital; and Assistant Surgeon, Hospital for Sick Children, Newcastle-upon-Tyne.

A. B., aged about 11, was brought with the request that the appearance of his ears should be improved. The condition was stated to be congenital. The margins of the pinnae curled forward considerably anterior to a vertical transverse plane taken through the centres of the external meati, and their posterior surfaces were smooth convexities instead of presenting the normal depressions. They had a large amount of spring when pressed forcibly backwards, the cartilages not even allowing of a temporary moulding into a normal shape. Under either the following methods were adopted, each ear being operated upon on a separate occasion:

A D-shaped piece of skin $\frac{3}{4}$ in. by $\frac{1}{2}$ in., was dissected up

and removed over the most prominent convexity of the posterior surface, separating easily except where the small transversus and obliquus intrinsic muscles were attached; these latter appeared to be fibrous tissue rather than muscle. The corresponding underlying piece of cartilage was cut round vertically to its surface, and the separation of its anterior surface from the front skin effected by a small periosteal separator and knife, the attachment being more intimate than on the posterior side, and the avoidance of

Before treatment.

After treatment.

button-holing the skin difficult. The pinna was now flaccid, and on pressing it backwards on to the skin over the mastoid process an accurate impression of the rawed surface was mapped out in blood; this area of skin was removed, and the posterior edges of the two raw areas united by fine sutures. In the case of the left ear the above removal of one piece of skin and cartilage proved sufficient; in that of the right sickle-shaped strips of skin and cartilage had subsequently to be removed from the still overhanging upper margin.

In a severe case anything less than free removal to the extent of taking all spring out of the auricle will result in failure.

NOTE ON THE OPERATION FOR CLEFT PALATE.

By CHARLES P. CHILDE, B.A., F.R.C.S.,

Assistant Surgeon, Royal Portsmouth Hospital.

So many complicated and ingenious methods of passing the sutures in the operation for cleft palate have been described that I may be pardoned if I draw attention to a method which is simple, easy, and requires no special instruments.

The patient is placed in the horizontal position, with the head steadied over a firm pillow at the end of the table, the surgeon standing behind. An electric hand-light, or, better still, an electric forehead light, is requisite. The objection urged to this position is that it causes more bleeding than the