

I should, however, be the last person to neglect the value of diet, occupation, and general mental and physical hygiene in the sufferer from the disease. By these means the dose of the salt is kept at a minimum which will produce the desired effect; and the most successful and satisfactory cases of this malady are those in which a combination of sedative remedy, diet, and general hygiene are prescribed and administered under the care of a nurse, attendant, or other person, who will enter into every detail of the case and its treatment, both in the letter and in the spirit.

A few remarks upon some popular fallacies in connection with epilepsy may not be out of place.

In the first instance, as to "growing out" of fits. It has long been a popular idea that an epileptic on reaching a certain age or after a certain number of years of the disease, may outgrow his attacks. The age is variously stated, but 21 is frequently mentioned by the parents as having been the one given by the doctor.

There are two age-periods when "growing out" may be looked for. The first is the period of childhood between 4 or 5 and 7 or 8 years in those whose fits commence in infancy. In addition to being a period when fits may with some certainty be expected to cease, at all events for a time, it is also an epoch during which the onset of epilepsy is relatively uncommon.

The second is between the ages of 21 and 25 or 26 (adolescence) in those whose fits have commenced during puberty. I have elsewhere⁹ shown that the quinquennial period, 21 to 25 years of age, is that one which seems most favorable for the arrest of epilepsy in those whose fits commenced between 15 and 20. This bears out a further observation that epileptic fits are more prone to arrest during the first three to five years following their onset. If therefore there is another period in which a patient may "outgrow" his fits, it is between the ages of 21 and 25 or 26, in those cases in which the disease has commenced during puberty.

There is no evidence that the climacteric period has any influence upon the arrest of epilepsy, except perhaps in a few isolated cases.

Secondly, as to the influence of the catamenia. The popular belief that the satisfactory and regular establishment of the menstrual functions will arrest the disease has no scientific basis. The onset of fits in girls is commonly accompanied by irregularity in the period, but it is rare to find any amelioration when the periods become regularly established. Physiological amenorrhea may or may not have a beneficial effect.