lepsy where pain always precedes the attack. It is generally curable.

In prescribing for our patient there are five indications to observe:

1. Removal of exciting cause, if possible.
2. The diminution of exaggerated reflex susceptibility of the medulla.
3. Equalization of cranial circulation.
4. Abortion of paroxysms.
5. Improvement of general condition.

For the accomplishment of these, it is imperative that a judicious and discreet selection of drugs should be made; and as those which are the most effective I may mention:

The Bromides: Sodium, Potassium, Calcium, Lithium, Iron.

Belladonna.

Digitalis.

Strychnine.

Ergot.

Arsenic.

Amyl Nitrite.

Tri-Nitro-Glycerine.

Cod Liver Oil.

I have not classified these remedies, as it is unnecessary to do so; but will now say a word in regard to their usefulness:

No one drug can be declared a specific—as I am sorry to see has been done—and we must not be too eager to accept the sanguine results of certain over-enthusiastic authorities, and be governed thereby. I allude more especially to the almost universal use of the bromides, to the exclusion of everything else, and also to their employment in quantities, which often ruin the patients, and at any rate produce a condition of diminished vitality—which is inconsistent with any hope of success. Radcliffe's idea in this respect is a good one: "There is reason to believe that the therapeutics of convulsion must be based upon the notion that vital power has to be reinforced, and not upon the contrary opinion." What the proper dose is, has not been clearly settled by any one. There are neurologists who believe in toxic doses, and there are others who prescribe quantities which are almost small enough to be inert. In England it has been the custom to prefer the very small doses. I have seen the prescription of a very distinguished general practitioner, who thinks five grains of the bromide of potassium a sufficient dose. Ringer recommends from 30—60 grains in the day; Radcliffe, 45 grains; Russell Reynolds, 30—90 grains; Bartholow, 30 — 240; and Hammond, 90 — 240 grains during the day.

Handfield Jones remarks that there is a great difference in the tolerance of individuals in regard to the bromides—some persons not being able to stand five grains, while others will not be affected by doses of less than forty grains in amount.

My own experience has taught me that the best effect can be gained by the repeated administration of sixty grains in the twenty-four hours. The larger doses produce rapid bromism, while a medium dose seems to be better appropriated, but will do just as much mischief in the way of bromism as the larger ones, if given for a length of time. My records show me that the average time for development of symptoms of this kind is about three months, while anæsthesia of the fauces is produced in a few weeks, or even a much shorter time; and I agree with others that it is necessary to produce this condition before we can say that the medicine has produced its physiological effect. Brown-Séquard considers the appearance of acne to be an indication that the medicine has begun to do its work, in which opinion he is joined by Dr. Putnam-Jacobi. Voisin considers the "point of saturation to be indicated by the anæsthesia of the pharynx and nares, so that in one case nausea is not produced by titillation with a spoon, and in the other sneezing and weeping does not follow the introduction of a straw into the nasal cavity." I should consider the latter a rather severe test. According to Danton the bromides act as vascular medicaments, diminishing excito-motor power. They act on the unstriped muscular fibre, producing local anæmia and moderating excitation resulting from temporary or permanent congestion. "They are agents that pass very rapidly into the blood (Ringer), and consequently their effects are very immediate, and they accumulate till the point of saturation is reached before they are eliminated in anything like considerable amounts." We are all aware that repeated and large doses of these drugs are followed by