of the lesion is daily gaining in importance. This I briefly glanced at in treating of the semicology of the pupil, but there is subject matter enough in it to form the basis of numerous lectures. The different fields of vision, the variations of color sensation, the varying diplopia arising from the paralysis of a group of nerves or a single nerve,—all these, and more, offer lots of material to delve in.

THE DIAGNOSIS AND TREATMENT OF EPILEPSY.

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(Read before the Medico-Chirurgical Society of Montreal.)

The diagnosis of epilepsy, as a rule, presents but little difficulty. It is, however, not unusual to meet with cases where very considerable trouble is found in concluding whether we have to do with true epilepsy or some allied affection. Hysteroid and motor disorders more frequently and closely simulate epileptic convulsions than any other affection. It is more frequent to find cases of epilepsy treated as hysteria than the converse. The following case, which presents many extremely interesting features, was diagnosed by more than one physician as hysteria.

A girl, when 12 years of age, began to complain of fits, which were variously diagnosed as epileptic and hysterical. Her father was an inebriate. Her mother and only sister suffered from neuralgia. There is a history of insanity on the mother's side. The "fits" begin nearly always with the expressions "Oh! I'm sick," or "I want my mother." "Take me home." For a period of two or three minutes she has a frightened look, but is not convulsed. She then falls into a deep sleep, lasting half an hour. She wakens up complaining of headache, and for an hour or two afterwards is, according to her mother's statement, "not quite herself." On one occasion she was requested to set the things for the tea-table. an hour after having a fit. She placed the plates on the table upside down. She generally passes urine during the fit, but has never bitten her tongue. She has no remembrance of what she says or what passes during