

detail of numerous cases of acute mania in which the attack was cut short by the use of this drug. In one case of recurrent mania, in which the patient was very noisy, refused food, and ordinary sedatives had no effect, a few doses of hyoscyamine were used with great benefit. In another case of acute mania, in which bromides and chloral failed, hyoscyamine acted rapidly and satisfactorily. In cases where it failed to cut short the attack, it usually ensured a good night's sleep, and no ill effects followed its use. It fails in a certain number of cases, but in these no bad results follow. It is most satisfactory in recent cases of acute mania. If no good results from a few doses, he discontinued its use. Had not used it in *delirium tremens*, but thought it would act well. He related a case of puerperal mania of months standing, in which it acted very rapidly, and patient made a complete recovery. He had no faith in chloral in acute mania.

DR. HURD, Superintendent of Asylum, Pontiac, Mich., added his testimony to that of Dr. Metcalfe of the benefits of hyoscyamine in acute mania. He considered it of great benefit in melancholia, especially where there is refusal of food. In melancholia, he gives from $\frac{1}{4}$ to $\frac{1}{2}$ gr. by mouth. Would not give it in fatty degeneration of the heart, as it is very depressing. While taking it the appetite improves; but as soon as it is withdrawn, the appetite fails again. He has seen choreiform movements result from its administration, but they disappeared as soon as the drug was stopped.

DR. CLARKE, Toronto Asylum, thought it should be more frequently used by general practitioners in cases of melancholia and puerperal mania before sending the patient to hospital or asylum; large doses of Tr. Hyoscyami might be used; would give as much as $\frac{5}{16}$ to $\frac{3}{16}$ in a dose. Did not think it acted as well in melancholia as in acute mania.

DR. THORBURN (Toronto) would not use the large doses of Tr. Hyoscyami recommended by Dr. Clarke.

DR. TROUTMAN (New York) testified to its good effects in acute mania. In acute delirium, with dry tongue and muscular tremors of some days standing, he thought it was directly contraindicated; also contraindicated in general paralysis. He considered muscular twitchings during sleep an unfavorable symptom.

DR. METCALF did not attach much importance to muscular twitchings; had seen no bad results follow.

DR. RODGER (Montreal) took the chair, and DR. GRAHAM read a paper on "*Leprosy in New Brunswick.*" He stated that he had gone to New Brunswick to study the origin of the disease, and to settle in his own mind, as far as possible, its