ference to natal or post-natal injury to the head and the condition of the genital apparatus, for he described the act of urination as difficult and spasmodic. In the meantime I advised the use of bromides to try and control the habit element. As he lived a long distance from me, I heard nothing from the case for some months, when, being in the neighborhood of his home on another case, I again was consulted, and found a well-developed boy of 10, apparently in good health in every way except the convulsive seizures, and some defect in the motility of the right side, presumably due to a mild attack of polio-myelitis in his early infancy. There were defective educational development and somewhat peculiar manners, both of which were doubtless in a measure the result of his having been kept from other children and from school.

The bromides had stopped the convulsions for nearly six months, but they had begun to recur. A tight and adherent prepuce furnished one ground for interference, and I advised that the phimosis be removed, which was done somewhat later, and thereby he was relieved of his urinary trouble, but after a time the convulsions recurred, and he will probably become a confirmed epileptic, though I am convinced that an early operation and efficient medical treatment, particularly if instituted before the epiieptic habit had been formed, would have resulted in a cure.

Another case of reflex influence interested me very much. It occurred in the practice of a medical feiend, early in my professional work and before the use of the bromide had become so common. The patient, a man, had had several epileptic attacks, when, during an examination of his body for general diagnotic purposes, and while manipulating one foot, a paroxysm occurred. The same event having been repeated at another and not remote occasion, a more critical examination disclosed a small subcutaneous tumor on the dorsum of the foot, and pressure thereon produced a more or less complete epileptic attack. Excision of this growth resulted in a definite recovery.

Another instance will serve to illustrate the importance of thorough measures in the early stages of the disease. A young woman consulted me on account of a single convulsive seizure which had occurred a day or two beforo. Though realizing fully the fact that a single attack had slight diagnostic value, the description of the fit, as witnessed by a friend, led me to suspect so strongly that it was epileptic that I at once placed her on a bromide treatment, with directions to make certain increase in the dose in case of a recurrence. In a short time she had another attack, and then another, so that she had several within a few weeks. After each fit the dose of bromide was increased, until finally the intervals increased, and after about three months she had the last attack. The dose of bromide of potash had then reached a little more than two drachms daily, and was continued at that amount for upwards of two years, and then gradually diminished, so that it was stopped at about four years from the commencement of the treatment. This case, like the majority of cases of epilepsy, furnished no evidence as to causation or pathology, and was treated entirely on an empirical basis. If the attacks had been allowed to continue for quite a time, it is fair to assume that the condition would have become more difficult of control, and probably incurable.

I am fully aware that this note contains nothing new, but it has assumed, as is clear to me, that the utility of energetic measures in the early stages of the disease has not been adequately urged or appreciated, and it is then, if at all, that we may hope to eliminate one factor, a minor one though it be, in the continuation of the disease, *i. e.*, the element of habit.—*Jour. Amer. Med Assoc.*

TREATMENT OF GLANDULAR TUBERCULOSIS. CLINICAL LECTURE.

I shall speak to you to-day upon the important subject of the treatment of glandular tuberculosis as illustrated by the young man you see here and on whom we are about to operate for a number of such glands in the cervical region.

In the first place, what is glandular tuberculosis? For a long time it was confounded with scrofula. At present, we know that scrofula is of tubercular character. But is it always so? Certain clinical facts as well as experimentation answers in the negative. In 1871, before the discovery of the bacilius, Shüppel defined in the scrofulous glands the miliary tubercle—masses infiltrated with giant cells. This author has shown pathologically that a good proportion of these engorged glands usually considered strumous are, in reality, tubercular. In 1882 Koch discovered the specific bacillus and demonstrated its presence in two out of every three of these swellings. Moreover, in making these inoculations, he and his assistants found that the glands in which the bacilli were absent, or at least were not found, would give tuberculosis to animals inoculated with their contents. Since then, we have come to deny the existance of the latter and have called everything tuberculosis.

From an etiological stand-point we may divide this form of adenitis into two classes—primary and secondary. But can a primary affection of the glands exist? We must admit it although it is impossible to find the point of entry of infection and although neither in the lymphatic system nor anywhere else can be found either the origin or process of infection. But that point of entrance