

clude epilepsy, even if accepted, for it is known that epileptic fits may almost exactly resemble apoplexy, especially the first ones. Thus Fagge, in his "Practice of Medicine," quotes from Trousseau an account of two epileptics, in whom the first attacks resembled apoplexy very closely, but were followed by ordinary epileptic fits.

A few days after I saw this man, in what I consider his epileptic fit, the patient in the next bed afforded me the opportunity of seeing an apoplectic one, which was very interesting to compare with it.

J. S. was admitted to the General Hospital in November, 1891, complaining of weakness in the right arm and leg, of dizziness, and of vomiting in the morning.

He was married, aged 37, teamster, moderate drinker. No history of syphilis.

Family history negative as regards nervous or vascular disease. Two years before admission after going to bed apparently in his usual health, he passed from sleep into a state of unconsciousness, which lasted 48 hours. While in this condition he had a number of convulsions and vomited several times. For a few days after he came to himself his mind was confused, but there was no paralysis and he was all right in about a week. After this attack he remained well for nearly two years; but two months and a half before admission he had a second fit, which did not affect his mind so much or last so long as the first, but which left his right arm weak.

He had a third attack about two weeks before admission which further weakened his arm and right leg.

During the two weeks between this third attack and his admission to hospital he vomited several times. On admission he was seen to be a tall spare man. Digestion good. Lungs normal. Pulse 72, high tension. Heart slightly hypertrophied. Urine of high sp. gr. 1032, acid, no albumen or sugar. His right arm and leg were decidedly weaker than the left.

In both, the parts nearest the body were the weakest in proportion.

Measurements showed the right arm and leg to be slightly