

feel that we have nothing to change in our ideas of the treatment by this confirmation of our suspicions. I believe that this patient had a worn out heart, and that the strain to maintain the deficiencies of circulation produced pericarditis.

Our next patient is a boy aged 11; he has the history of a convulsion, occurring when he was eight months of age, attributed to teething. At one year of age he had another, which lasted for eight hours. He had none subsequently until four years ago. Since then his attacks have come on two or three times a day, or he has passed some days without their appearance; they now appear at the rate of two or three a day. These attacks are very slight in their nature; he suddenly becomes unconscious for a few seconds; he never falls, but is confused in mind for some time afterwards. As far as is known his attacks have never appeared as night. His eyes are normal; his urine is negative; his digestion is first-class; he has had no injury, and, as far as can be determined, has never been subject to worms. He has that form of minor epilepsy known as petit mal. We can regard this case as one of essential epilepsy, with no localizing lesion. There is history in the family of several similar cases. In selecting our treatment we will use a prescription similar to the well-known one of Brown-Sequard.

R.—Iodide of sodium, gr. iii.
Bromide of sodium, gr. x.
Bromide of potassium, gr. v.
Compound tincture of gentian.
Simp. elixr., aa ʒ ss.

Sig.—F. ʒi. t. d.

Diet simple in character will be ordered, consisting of fruits, milk and vegetables, and no meat of any description. The boy is to be placed in the most favorable hygienic position.

The next case is a remarkable one, for the fact that we have no history or information in regard to the man at all; is simply a record of symptoms which we are left to study as best we can. This man whom you see strapped in bed by both hands and feet, came here this morning for medicine; he is being treated in the cutaneous clinic, for what, we are unable to say in the absence of the physician in charge. On his arrival at the hospital he was seized with a severe convulsion, and became immediately unconscious; these convulsions had appeared every few minutes since. I

saw him for the first time on my way to the clinic room; we will study him together. His urine, which was drawn, is free from albumen, his temperature is 99 and two-fifths. The peculiarity of the convulsion is, that the body is arched in a state of marked opisthotonos. There is no wound or injury apparent anywhere on the surface of his body. His pupils are contracted at present, but we learn that he has been given morphia; before this they were dilated. He is able to swallow; his pulse is 128; he is restless, and exhibits a marked tendency to spasm. There is nothing wrong with his circulatory apparatus. Owing to the convulsions, unconsciousness and swollen condition of the tongue, the resident physician has washed out his stomach, on hypothesis that he had taken some poison. We do not know who the man is; we know nothing of his history, we do not know whether he ever had any of these attacks before.

We will now run over the conditions in which he might possibly be, and study what we could do for him. The first thing which suggests itself to our minds is the subject of poisons. With the appearance of convulsions with rigidity we naturally think of strychnia poisoning but the mental condition is far too dull to be produced by that drug, although the contents of the stomach had not yet been examined. Although the tongue is swollen and red it does not seem to be corroded as it would be by the action of any strong irritant poison. As to the possibility of this being a case of tetanus, we notice that there is no rigidity about the jaw; this patient's mouth lies loosely open. The mind is singularly clear in tetanus, and there is extraordinary high temperature (105) during the convulsion. Can this be a case of cerebro-spinal fever. The convulsions and the opisthotonos and the mental state point more strongly to this possibility; but there is no eruption in this case, although he is being treated for a scaly skin disease. The temperature is only 99, which is no fever condition, even granting the irregular fever which appears in cerebro-spinal fever. The pulse is rapid, not like that of cerebro-spinal fever, and above all there is no persistent rigidity of the neck. The urine shows that it cannot possibly be a case of uraemia. The fact that the patient walked here just before his attack shows that he must have been in fair mental condition. So that in our present light of the