In hysteria pulse would not drop so suddenly; eyes would probably be closed; there would be some crying or laughing; child has always been nervous, but never hysterical. She is just at the hysterical age, but complains of none of the usual pains that usher in the menstrual molimen. She has not improved, but grown worse under treatment. The convulsions might occur if hysteria were lapsing into epilepsy. There is no family history of epilepsy. We have, however, a distinct aura and the fits are epileptiform; but what is the cause of them? The cause of the symptoms I think is central. Although the patient has been watched carefully, we could neither catch her in the act nor in any act that would rouse suspicion of onanism. No discharge could be seen either on linen or genitals.

As regards intermittent fever, Professor Henoch gives one case of which the chief points were:—Healthy girl, æt. nine years, complained Friday 10 a.m. of diplopia and cold hands, soon followed by psychical disturbance; became unconscious and had a convulsion; convulsion repeated and alternated with coma for an hour. She then slept, after which patient felt well except slight headache. I thought of intermittent as no other cause could be found. They lived in a malarious district. Next day, well; day after at 4 p.m., attack renewed; child suddenly failed to recognize those around; hands were cold, and she complained of dizziness and diplopia in the lucid intervals. At 5 p.m. epileptiform attack and lasted till 6 p.m., when I found her cyanotic, pulse small and frequent. Under quinine no further attack occurred. At noon, following Tuesday, headache and vertigo and tremor for twenty minutes, but since then the patient has been quite well.

In some points this resembles my case but there was an absence of vomiting. I think the points of difference weigh down the resemblances, and I would put malaria at the bottom of the probable list. I lean towards cerebral tuberculosis and would be glad to hear the opinion of the Society. There is room for much difference of opinion.

Since this paper was read the patient has been going about in fair health. When asked a question she hesitates before giving an answer. Her mother says she is becoming childish. The intellect is evidently weakened. Vomiting has occurred again within the last twenty-four hours. Under the use of the bromide of potassium no fits have occurred since April 8th. She complains of a feeling of weakness in the lower extremities. Diplopia and strabismus are still present. She has a short, dry cough, but as yet no evidence of pulmonary disease can be found.

Selections: Medicine.

SUDDEN DEATH IN DIABETES.

BY ROBERT SAUNDBY, M.D., EDIN.

Within the last few years a great deal of attention has been paid to the manner in which saccharine diabetes ends fatally, and especially to that striking and tragic form which has been called diabetic coma, from the constancy with which coma supervenes to close the series of remarkable and distressing symptoms.

The frequency with which such cases occur may be inferred from the statement of Dr. Stephen Mackenzie, that of the cases of fatal diabetes collected by him from the registers of the London Hospital, all under the age of 25, with only one exception, died of coma.

Its relative greater frequency in young persons and acute cases is quite certain, but for the most part its etiology remains obscure. Clinical experience has suggested the dangers of long journeys, muscular exertion, nervous shock, and exposure to cold. Constipation is generally present, is very obstinate, and is theoretically likely to favour the onset of these symptoms.

Drs. Bond and Windle, in their remarks on a fatal case of diabetic coma which occurred at the General Hospital, say that the change from ordinary diet to richly albuminous food has been present as a factor in this and one other case under their observation. While not doubting the influence which great and sudden changes in