

Dr. Sharpe—The fact that of having marked soreness of the muscles is an indication of a tonic condition of the muscles, suggesting tetany if he had not lost consciousness. I have seen them take the characteristic convulsions which stimulate epilepsy markedly. I presented a patient who never lost consciousness and we could produce the convulsions at will, and she also had soreness of the muscles, the nicturition, falling, injuring herself, but never bit her tongue, but she frequently fell and burnt herself and the diagnosis was tetany, and probably hystero-tetany, but undoubtedly it was epilepsy.

Dr. Hunter—It is absolutely impossible for a case of tetany to regularly have the seizures described above. It is a case where there is a tendency towards the hystero epilepsy all coming together, the same indication proposed here that the same condition of the lower extremities more common in children perhaps, but the tendency is not to tonicity, and it is possible to bring on tetany by pressure on the arteries if you wish to bring it on during the period the patient is subject to the attacks. It is rare, however, to affect the genito-abdominal region affected. It is rare, however, to affect the genito-abdominal muscle. I remember cases in which the patient may be both conscious and unconscious, but these are cases taking hours or days to develop. I remember one case of a girl subject to asthma. She was certainly of a hystero-tetany. She developed the typical tetany, hand and foot. It is also seen in children which are rachitic. I know of no cases of tetany in which one could get the very rapid seizure in which the patient would fall instantaneously and rapidly to the ground. I would agree with Dr. Rorke as to the diagnosis of epilepsy and that raises the point of the best treatment of epilepsy in these later days.

As to the treatment of the diet it is generally admitted that in a certain number of cases the lacto-vegetarian diet is considered to be absolutely curative when continued. In forty or fifty per cent. of the cases there is no effect. It is generally admitted that an excess of meat is to be deprecated. Very little salt with food, as the bromide acted better where the amount of sodium chloride was reduced. General hygienic measures and regular hours, no excitement and the general psychical influences on the patient himself. As to drug treatment, the doses of bromide formerly given are too large.

At Queen's Square cases that were not controlled within 60 grains of bromide were not treated. I notice also that digitalis was frequently given, especially in night attacks, although it was not infrequently combined with the use of bromide. As to ultimate cure they are not very encouraging.

Dr. Sharpe—Dr. Murray recommends the use of nitrate of silver very emphatically.

Dr. Knight—I have heard of blood-letting in full-blooded epileptics. I had a patient two or three years ago from whom I took 4 or 5 ounces of blood from his arm every week, and he was of the opinion that it was doing him considerable good.

Dr. Rorke—I think the later ideas are about what is laid down by Dr. Hunter.

Dr. Redlick, of Vienna, said the prognosis was very bad, when prolonged very long, as the habit becomes established. When they go along in a series for a number of days they are not so amenable to treatment. As to salt, bromine is substituted for chlorine in making bread for these patients, but it seems necessary to have a certain amount of sodium chloride in order to relish one's diet, consequently it is pushing the effect too far. We should lay more stress on the dulling effect of the disease than the stupifying effect of the bromides. Dr.