

ing it, and their organs become obstructed. Under those conditions goitre could appear later when they learn to take care of themselves and visit a doctor who improves their eliminative condition, the goitre disappears. Thompson's Dietetics advises an egg and milk diet, is one where these conditions are improved.

Dr. Young—Presented a child showing slight signs of chondro dystrophy. There was a peculiar enlargement of the back of the head. The child was bright and had no evidence of idioey, mongolian idioey the first thought that strikes one from observation is that the eyes and nose are a little flattened. The bones in the base of the skull are shortened, it has a rather chunky figure, but the arms and legs seem to be rather normal.

Dr. Rorke—The limbs are certainly about the normal length. The marked shortened condition of the upper arms and thigh are not present. The head is rather prominent about the parietal and frontal region, but it is not sufficient to diagnosis of achrordoplasia..

The Winnipeg Clinical Society met June 16th, in the Medical Library, with Dr. Nichols in the chair.

Dr. Lehamann presented a case of scoliosis and a series of Radiograph in connection therewith.

Afterwards Dr. Lehmann reported a very interesting case of strangulation in which the bladder was a complication. The results of the operation were very satisfactory.

Dr. Rorke—Dr. Hughes, who was unable to be here this evening, asked me to present this case. Male, aged 28, has convulsive seizures, lasting a few minutes, about once every two weeks, of nine years duration, with the exception of two years of remission. They begin with a peculiar feeling in his stomach, as of a ball coming up, he has time to get a chair, and then losses consciousness. Has never bitten his tongue, but has fallen once injuring his eye. He has passed urine during the convulsion. After the convulsion is more or less drowsy, then brightens up. Had a soft chancre, but there are no signs of specific lesions. His father died at 55 from asthma. His mother died at 57 from diabetes. He has three brothers and three sisters, all healthy. Owing to the peculiar sort of seizure and the aura somewhat of the nature of globus hystericus makes the diagnosis of some importance and that is the reason he is brought up. These systems last for a few minutes. He has had some attacks at night, but they occur mostly during the day. He does not feel the night attacks at all, and only on account of feeling sore in the morning does he know he had ever had them. The first attacks were very light and passed off quite easily, and only had one in sixmonths. Now sometimes they are as often as three in a day. Has had no injury. Occupation is bookkeeping. No history of a similar affliction in the family.

Dr. MacKay—Do you notice any trouble with your stomach or bowels before the attacks?

The patient replied that his bowels moved regularly. He never experienced any attacks of indigestion. The only warning is this peculiar feeling in the stomach and the ball coming into the throat. Am unconsciousness for 15 or 20 minutes. Last attack was just before six o'clock. Had supper and went off into a deep sleep, awakening about three hours later. Always wants to sleep afterwards. When falling utter a prolonged "oh." Finds it impossible to ward off an attack. Attacks now return regularly about every two weeks.

Dr. Rorke—The eyes are all right, the reflexes are there, the stomach is in its proper position and not dilated.