epilepsy, but to reappear after the cessation of the epileptic fits. Such combinations and relations of these two diseases is a subject of great interest.

In the diagnosis of epilepsy, it is well to remember that loss of consciousness is not an essential part of the epileptic paroxysm. It is commonly believed that loss of consciousness always attends true epilepsy. In those text-books of medicine most popular at the present time, some state that loss of consciousness is an essential part of the fit, while others hold that it is not essential. In the vast majority of all cases, and in every case of severe epilepsy, there is loss of consciousness. A recent writer contends that loss of consciousness is an essential part, and that without it we have no epilepsy. In what are called abortive attacks of epilepsy it is very frequent to find consciousness present throughout. The following case must be taken as an example of genuine epilepsy, and yet consciousness in a certain number of fits was never lost.

A man aged 22, seen in 1885, had been subject to fits for some months. They were of two different varieties. (1) In one form he would suddenly begin to rub the palms of the hands against each other; these movements were continued for about one minute, and would cease as suddenly as they began. The patient would then proceed with the work he was engaged in, entirely unconscious of what he he had passed through. (2) In the other variety he was usually seized with flexion movements at the wrist and elbows, sometimes on the right side, sometimes on the left, and on a few occasions simultaneously in both upper extremities. During these muscular movements consciousness was maintained, never lost.

Now both of these attacks were epileptic in character. Cases illustrating this point might be easily multiplied, but that would serve no useful purpose. One undoubted case is sufficient to prove that loss of consciousness is not necessary to epilepsy. In the diagnosis, it is not enough to be satisfied with having determined that we have to do with epilepsy; we have to go deeper and find out what is the active factor in the case in question which has brought it about. Unfortunately, in the