

cases. Undoubtedly the point of departure in epilepsy was cortical, and the character of the aura gave the seat of the discharge. If the aura was visual, as in many cases, the point of origin was in the visual area. If it was auditory, a rarer phenomenon, it began in the auditory area. Although most epileptic seizures were due to cortical disturbance, such discharge might take place from gray matter anywhere in the nervous system. It was unfortunate to condemn the bromides, for, although often injurious, they gave better results than any other known drugs, when employed under proper regulations.

Dr. Herter agreed with Dr. Starr, that there was no relation between the pathological findings in epilepsy and the disease; but nutritive changes in an unstable cortex were probably the cause, apart from any gross pathological lesions.

Dr. Fisher thought that the bromides did not interfere much with bodily nutrition, as many patients grew fat on them. They seemed to become habituated to them.

Dr. W. W. Skinner described a case in which the cutting off of the bromides had resulted fatally. The patient, a young woman, had been for some time under bromides, when she was sent to an oculist to have her eyes examined. The latter found mixed astigmatism. The bromides were cut off. After three weeks she began to have attacks of *petit mal* very frequently; they became more and more frequent, until finally she sank into coma and died. A grain and a third of morphine, in four doses, hypodermically, made no impression upon the seizures. The fits invariably began upon the right side of the body, with deviation of the head to the left and of the eyes to the right. He thought there had been a cortical hæmorrhage.

Dr. Leszynsky said that the autopsy in cases of status epilepticus yielded no result. Patients died from heart failure or respiratory failure. He believed he had saved the lives of several such patients by venesection. He had used nitrite of amyl before he knew that it was harmful. Most drugs were of no service, with the exception of chloral, which in forty or fifty-grain doses, *per rectum*, had acted well. The indiscriminate use of the bromides in epilepsy was injurious, but their careful administration was productive of satisfactory results.

Dr. Lyon had employed pilocarpine in a case with epileptic convulsions with excellent results. It produced first a profuse perspiration, after which the patient emerged from his attack. In asylums it was very common to withdraw the bromides, but he had never observed any harm follow. He had used pilocarpine also successfully in case of of hystero-epilepsy.

Dr. Herter thought pilocarpine should always be employed with the greatest caution. He had

seen it produce pulmonary œdema and death in two cases.

The President related the case of a barber who several years ago began to fall asleep when at his work, and was consequently discharged. The somnolent attacks had continued. He would fall asleep while walking or while riding on the platform of a car, and had frequent falls in the street, into gutters, on to the stove and etc., none of these things waking him up. There was no convulsion, nothing that one might call epileptic. Ten years ago he had weighed 150 pounds, now he weighed 270 pounds. Curiously enough, he was a sufferer from isomina, not being able to sleep continuously at night for more than half an hour. Were these epileptic attacks? Was there any connection between them and the corpulence?

Dr. C. L. Dana had reported a case of epileptic morbid somnolence in a young woman several years ago. She had had at first only somnolent attacks, but afterward real epilepsy. He believed these somnolent seizures to be a form of *petit mal*. He had had a case similar to Dr. Jacoby's in conjunction with Dr. Hammond. The patient walked about while asleep, but did not hurt himself, and could be roused. The pupils were contracted as in normal sleep, and not dilated as in epilepsy. The trouble might be allied to narcolepsy.

Dr. Ingram said that his routine treatment of statu epilepticus had been sixty grains of chloral *per rectum* every two hours, and this had been very successful in the majority of cases. He had also seen good results and no injury from use of pilocarpine.—*Med Record*.

SACCHARIN AS A MEANS OF ACIDIFYING THE URINE.

The mineral acids when taken into the stomach are chiefly eliminated by the intestinal mucous membrane, and the only way in which they affect the reaction of the urine is by liberating from their bases the organic acids which in the form of salts they may chance to meet in their passage through the system. The organic acids thus liberated may or may not find their way through the kidneys. As a matter of fact, they generally do not succeed in running the gauntlet. Indeed so slight is their chance of doing so that in practice, in prescribing a salt of an organic acid, we leave the acid entirely out of consideration.

The only acid heretofore employed with any degree of confidence that it would get beyond the kidneys, was benzoic acid. Even this does not reach the urine in its original form, but is converted into hippuric acid by the way. Nevertheless, it is in some degree useful in rendering the urine acid, but its action is not as certain nor as constant as might be desired.