

Dr. WM. PEPPER, of Philadelphia, believed that he saw these cases from a different standpoint than that of Dr. Folsom. They come to him as cases of dyspepsia, lithæmic disturbance, and the like, and are under his care for some time before symptoms leading to recognition are developed,—sometimes for years before the parietic symptoms appear. He could not regard syphilis as in any way essential in the causation of general paralysis. In regard to the early stage of the disease, there was not one symptom mentioned by Dr. Folsom or described by others as indicating the early stage, which he did not often find in cases of nervous lithæmia. There may be a grouping of these symptoms, or a delicacy on the part of the diagnostician which will enable a finer and finer shade of these differences to be recognized, which does constitute a basis of diagnosis. He thought that general paralysis could be initiated by many disturbing, depressing or irritating causes, and that, in its early stages and slight degrees, it was capable not rarely of being entirely cured. If these cases are permitted to go on, with neglect of hygiene, and with excesses (sexual, alcoholic or business), a notable proportion will end with symptoms of general paralysis.

Dr. C. F. FOLSOM, of Boston, said, in regard to lead, that while he had seen cases in which this agent had produced symptoms of general paralysis, he had not seen a case in which the terminal symptoms of general paralysis had been produced. As illustrating apparent cure after specific treatment, he referred to a case in which the use of large doses of iodide of potassium apparently produced complete recovery, and the patient returned to his previous business. The symptoms, after several months, reappeared, and have continued to steadily progress. Whether this is the result in all such cases, he was unable to say.

Dr. JAMES STEWART, of Montreal, read a paper on *Tetany*. The details of the following case were referred to: The patient, a male, aged forty, has been troubled during the past eight years with regularly recurring attacks of tetany. He served as a soldier during the American civil war. Suffered at that time and subsequently from chronic dysentery and malarial attacks. For upwards of ten years he has been troubled with diarrhoea. Patient is tall, emaciated and anæmic. The first subjective symptom of his tetany is usually double vision, which is quickly followed by the characteristic contractions of the flexor muscles of the hands. Occasionally the flexor muscles of the fore-arms and the abductors of the arms become spastic, muscles of the face almost constantly suffer, muscles of the lower extremities rarely. The affected muscles are the seats during the attacks