

insanity supervening. Another disorder is the presence of fear or terror without known cause. The distinguished writer also spoke of waking and post-somnic paresis and paralysis.

He also spoke of night neuralgias, mentioning a case in which peculiar distressing pains attacked the limbs after he had gone asleep. He would wake up, walk about the room, and when the pains passed away, go to sleep, to be again disturbed in the same way. He also described peculiar sensory shocks, which some experienced upon going to sleep. One in whom a peculiar feeling would pass from the hands up the arms to the head, when he would hear a loud crashing noise, like the breaking of a number of panes of glass. This was accompanied by a flash of bright yellow light. By getting up, or by moving over on his right side, he could prevent the progress of the attack. If, however, the feeling passed up to the neck he could not check it. These sensory are different from epileptic attacks, as the latter take place in the waking stage.

Jerking movements on going to bed are common. There are cases in which the jerkings are so severe as to require treatment.

Dr. Folson then read a paper on "Insomnia," giving its various causes, and their respective treatment. He advised trying all known methods of relief before resorting to sedatives. He preferred giving small doses of sedatives frequently repeated.

Dr. Mitchell stated that in some cases it was better to procure sleep at once by giving a large dose of a reliable sedative, such as sulfonal. In such cases the disordered functions of the body became more easily restored after a sleep was procured.

Dr. Wharton Sinkler read a paper on "Recent Observations in the Etiology and Treatment of Migraine." He spoke of some of the reflex causes of migraine, such as eye-strain, uterine disorders, nasal irritation, etc. He spoke also of its frequency in children, especially when the permanent teeth were coming through the gums. He spoke of the therapeutic agents, antipyrin, phenacetine, eucalyptus, and caffeine. He used phenacetine in preference to antipyrin, as it was safer and more reliable.

Dr. Ernst, of Harvard University, presented a specimen of a rabbit which had died of tu-

berculosis of the bowels. Six weeks before, eight drops of suspected tubercular milk had been subcutaneously injected in the abdominal region.

He also exhibited some results of Dr. Martin's work in his investigation of small-pox and vaccination. It would appear that the bacteria of the latter have been successfully isolated, cultivated, and re-innolated. Further developments will be looked for with interest.

Dr. E. O. Shakespeare discussed the subject of the prevention of tuberculosis. He concluded his paper by stating the following general principles, which underlie an efficient system of prevention of tuberculosis.

1. From the standpoint of the already diseased, effective preventive measures should look to the rapid destruction of the tubercle bacilli in excretions and secretions of the affected, by little as possible prolonged close association of the well with the sick.

2. From the standpoint of those liable to become infected, nothing which may contain the living tubercle bacillus should be permitted to enter the digestive apparatus. Rigid inspection of meat and milk is a necessity.

3. Tuberculous subjects should not be admitted to hospital wards in which those with other diseases, especially of the lungs, are confined. In general hospitals, consumptives should be assigned to special consumptive wards.

4. Special hospitals for the treatment of consumption should be established.

In the morning session of Thursday, Dr. Kinnicutt read a very valuable paper on "Methods of Diagnosis in Diseases of the Stomach." He spoke of the importance of chemical examination of the contents of the stomach, as an adjunct to other means of diagnosis. In his opinion, the presence of free hydrochloric acid in the gastric juice was sufficient to exclude cancer. He then described the various tests for the presence of free hydrochloric and of lactic acids, and afterwards took up the differential diagnosis between cancer, ulcer, and hypersecretion.

In the discussion which followed, Dr. For-scheiner spoke of the great difficulty of making tests of the gastric juice in private practice.

Dr. Kinnicutt did not think these tests would present much greater difficulty than those of a qualitative and quantitative character of the urine.