

ciency from the removal of toxins. A doctor who suffered from attacks of cardiac irregularity, often lasting for months, consulted various specialists without experiencing relief. On one occasion when the condition had existed for four months, a general practitioner told him that he only required an intestinal disinfectant in the shape of a dose or two of calomel. This cured him at once, and he now informs me that a grain of calomel will always remove the symptoms in a few hours. He can obtain similar results, though not so quickly, by abstaining from food, drinking large quantities of water, and taking walking exercise. In either case his cure is conducted on sound bacteriological principles.

In cases of epilepsy, the routine continuous administrations of bromides to control the attacks is merely an instance of treating a symptom without attacking the cause. The writer is entirely convinced that far better results free from injurious effects are to be obtained by other means. Just as the doctor's heart above-mentioned is peculiarly susceptible to toxins manufactured in his alimentary canal, so are the nerve centres in epileptics peculiarly susceptible to similar intestinal bacterial results. The treatment then consists not so much in controlling the symptoms as in attacking the source. Strict intestinal antisepsis by diet and drugs, and regulation of the general health by fresh air, exercise and suitable diet so as to conduce to the normal and efficient action of the whole body, is not only theoretically right, but practically is now in many quarters admitted to give the best results. It may be objected that if the attacks of epilepsy are due to intestinal toxins, how is it that a regularly acting cause produces an intermittent result? Why, for instance, does an epileptic seizure end, and how do you on that theory explain *petit mal*? The answer would be, that just as the doctor in the heart case can cure the uncomfortable action of his cardiac irregularity by exercise, so does nature in a fit work off the excess of toxins by the violent muscular work performed in an epileptic seizure. The recovery from *petit mal* represents nothing more than the ebb and flow of the battle between the opposing forces of the bacterial toxins on the one hand, and the defensive forces of the body on the other. If one watches the procession of epileptic patients at an out-patient department for these cases, one is struck with the aspect of chronic toxæmia which characterizes them all from the youngest upwards. The conditions of epilepsy and convulsions in children have much in common. In the latter the toxic conditions have long been admitted. Whoever thinks of treating them by bromide alone if at all? Calomel or other antiseptic aperient is always the sheet anchor of treatment, followed by strict dietetic instructions. How seldom are such methods adopted in at any rate the out-patient department treatment of epilepsy? To what is the