tic seizures. When the epileptic seizures co-exist, however, with known pathological conditions, they can only be regarded in the light of incidental symptoms of the primary lesion, and the epileptic fits will correspond in question of time to the course of the primary disease.

Diseases of the nervous system have been separated into four great groups, *i. e.*, (*a*) organic, (*b*) structural, (*c*) nutritional, and (*d*) functional. In the first there is marked change of tissue, while in the second the change is less coarse, and can only be detected by a microscope. Nutritional diseases, such as paralytic dementia, are accompanied by very delicate modification of the nerve elements, while in functional disease of the nervous system no positive alteration of tissue has been observed at all.

As has been seen, the clinical characteristics of epilepsy may be produced by glioma, syphilis, and other forms of organic disease of the nerve tissues. In some structural diseases epileptic paroxysms occur, and they are also produced by some forms of nutritional disease.

But epilepsy is not always secondary to any ascertained form of pathological change. In the great majority of cases where no indications whatever of change in the nervous tissues can be found, nor any concurrent constitutional diseases to which the epileptic seizures may be reasonably attributed, the term idiopathic epilepsy has been applied. In other words, when the etiology of epilepsy is clearly understood, it is the usage to regard the epileptic seizure as a symptom; but when the etiology is not clearly understood, it is called a functional disease.

In idiopathic epilepsy the paroxysms make their appearance in the earlier years of life, as will be shown by the following statistics, drawn by Gower, from a large number of cases: Three-quarters of the cases begin under twenty; nearly a half occur between ten and twenty. One-eighth of the cases occur during the first three years of life. After twenty the percentage of cases falls. The maximum is at the fourteenth, fifteenth, and sixteenth year.

The pathological data of epilepsy are inconsiderable. To a certain extent, this is accounted for by the fact that epilepsy does not frequently end fatally, the life of the patient being brought to a termination by some intercurrent disease. Few opportunities are thus afforded for post-mortem examination at a time when such an examination would be most valuable for pathological investigation. Furthermore, as has been already stated, the brains of epileptics, even when occasion has been granted for their examination, have exhibited no striking pathological changes. Chaslin and Rilliet have vaguely described a form of sclerosis, but their investigations have not been extensive, and, even so, there does not appear to be much significance to the changes they claim to have observed.