

lessness in this particular is sure to be followed by a nocturnal paroxysm. As the day advances, digestion becomes slower and less energetic; breakfast is therefore the meal at which the asthmatic may with safety eat most heartily, and he should take the opportunity at this meal, if at all, to gratify his palate. As a rule, however, the diet should be of the simplest and plainest kind, yet nutritious. Of course, the strictest abstention from any article of diet that is known to produce asthma should be exercised.

There is nothing that promises so much for the relief and cure of asthma as change of residence to a suitable locality. Salter says "that possibly there is no case of asthma that might not be cured if the right air could only be found." The caprice of asthma is something wonderful. A condition of atmosphere which is well adapted to one case will not always suit another. For many cases; therefore, experience alone will determine the suitable locality. There are, however, certain localities or conditions of atmosphere which seem well adapted to a very large number of cases. According to Salter, the atmosphere of London, contrary to what one would suppose, is very favorable to asthmatics. He says "that those parts of London, and other cities, that have the city character most strongly marked on them, are those that are most beneficial to asthma, that it is in the central, densest, smokiest parts, that the most striking results are seen." He cites a large number of cases showing perfect exemption from the disease by such a residence.

Sea-side air will often exercise a curative influence on asthma. It has been noticed by asthmatics who have sought a sea-side residence for relief from suffering, that a change in the direction of the wind, from a sea breeze to a land breeze, will often cause a recurrence of the paroxysm. It seems evident, therefore, that a narrow strip of land, very nearly surrounded by sea, would be well adapted as a place of resort for asthmatic sufferers. Newport is thus located, and very favorable accounts are given of the beneficial influence of the atmosphere there on asthma. Dr. Samuel Ashhurst speaks very positively of the relief he has personally experienced from autumnal catarrh, accompanied by intense asthmatic symptoms, by a temporary residence at Bench Haven, New Jersey. So decided and invariable has been the relief that he has continued to resort to that place annually for more than twenty years.

Just the opposite condition of atmosphere, *i. e.*, an atmosphere greatly rarefied, such as is found in high elevations, is known to exert a most wonderful influence over asthma. Dr. Denison, who has studied very carefully the relation of the climate of Colorado to pulmonary diseases, says that in the treatment of this troublesome malady he knows of no remedy that can compare with the light air of this inland region. So fully convinced is Dr. Denison of the beneficial influence of this atmos-

phere that he adds, "almost without exception, uncomplicated cases of asthma may gain decided relief or a permanent cure in Colorado." He further remarks: "Generally speaking, the relief is marked as the base of the mountains is reached, and often after crossing the Missouri River. If all the results were written, hundreds of the present residents of Colorado could be cited who had asthma months or years before coming here, who had exhausted all the other known means of relief in vain, but who have now been nearly or quite free from asthmatic symptoms since becoming residents of Colorado." By way of illustration, Dr. Denison mentions two or three very striking instances, an account of which may be found in the Transactions of the American Medical Association of 1876.—W. M. Welch, M.D., in *The Medical Bulletin*.

TREATMENT OF EPILEPSY.

By ROBERT SAUNDBY, M.D., Edin.

Success in the treatment of epilepsy depends, first of all, on accuracy in diagnosis. The maladies likely to be confounded with true epilepsy are: 1. *In young children.* Convulsions from digestive disturbance, teething (?), worms, the exanthemata, tubercular meningitis, &c. 2. *In boys and girls and young adults of both sexes.* Hysteria. 3. *In adult women.* Hysteria. 4. *In adults of both sexes, but more usually in males.* Uræmia and convulsions from alcoholic or lead poisoning. 5. *At any period of life.* Convulsions may occur as the result of morbid growths in the brain, and where these do not reveal themselves by the ordinary signs of cerebral tumor (headache, vomiting, double optic neuritis) a correct diagnosis may be impossible.

In very young children I think we should be cautious in diagnosing true epilepsy, but I am deeply impressed with the importance of the view expressed by Sir William Jenner, that convulsions in young children are frequently a cause of chronic epilepsy, by setting up an epileptic habit in the nervous system. Hysteria is a very frequent source of difficulty in diagnosis, especially when we have no opportunity of observing the fits. We may be aided by the absence of tongue-biting or injury from falling, and by the presence in the patient of hemianalgesia and amblyopia. In the hysterical fit, opisthotonos is, according to Charcot, always very marked and characteristic. Such fits are also usually of longer duration, and followed by outbursts of laughing or crying. It is, too, in hysterical fits that the patient struggles violently with those who endeavor to hold her, using often her teeth and nails. Uræmic fits can only be accurately diagnosed by discovering the presence of chronic Bright's disease (albumen and casts in the urine, high-tension pulse, cardiac hypertrophy, retinal hæmorrhages, &c.). Albuminuria is not uncommon in true epilepsy, probably from the anæmic and