

of the spinal marrow gently, and next the cutaneous surface energetically. In both cases we have violent movements. The first is the *type* of direct convulsive action, as in epilepsy, from emotion, for example; the second is the *type* of reflex convulsive action, as in epilepsy from irritation,—dental, gastric, intestinal, or uterine.

How do these facts simplify our views of the obscure class of convulsive diseases! Not many years ago, Esquirol wrote—“*Les symptomes de l'épilepsie sont tellement extraordinaires, tellement au dessus de toute explication physiologique; que,*” &c. I am happy to add—“I think no disease better understood in its physiology and pathology, since the detection of the diastaltic system, than epilepsy. All epilepsy is, in effect, direct or reflex spinal action, with its effects.

I may here be allowed a brief remark or two. How is all physiology comprised in every the most insignificant of animated beings! This frog, or the minutest insect, involves in itself every principle of life; and how is physiology involved in every case of pathology! There is, in effect a physiology of health and a physiology of disease. How is a knowledge of the spinal system become the source of diagnosis in all cases of disease of the nervous system! By it we learn to know and distinguish the cerebral, spinal, and ganglionic affections from each other. It is as the stethoscope to this class of maladies.

I may further remark, that affections of the spinal system, and especially epilepsy, have a special predilection for the neck and the larynx. Hence these affections are prone to assume tracheal and laryngeal forms. The most usual affection of the neck is that observed in torticollis, or fixed head. The most usual forms of the affection of the larynx in epilepsy, are the epileptic cry and the epileptic “struggle for breath,” or apparent strangulation, with closed larynx and dyspnœa.

Every mild and even severe form of epilepsy may result from trachelismus and its effects from compression of the veins of the neck. But the severest involve, I believe, laryngismus and dyspnœa, with their effects in inducing augmented purpurescence and tumefaction of the face and neck, augmented coma and apoplexy, asphyxia, &c.

And here an important question presents itself for consideration. In the case of laryngismus with its effects, what good may be effected by the performance of the operation of tracheotomy? a question for its determination requiring much and accurate knowledge of the pathology of epilepsy, much skill in diagnosis.

Some very puerile criticisms, not untinged by malevolence, having been made on the proposition for interposing tracheotomy between the laryngismus of epilepsy and its direst effects, I will here make a few observations on the subject. The remedy, though not so formidable as many suppose, may still be considered as heroic enough, and must not