

are ordered in a mixture, the latter must be carefully neutralized before it is used.

CONVULSIONS IN CHILDREN.

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It is not my intention to undertake an exhaustive discussion of the subject of convulsions in children, but rather to call attention to a few practical points; nor have I chosen the subject "Infantile Convulsions," as my remarks will apply to both infants and older children. In going over the literature of the subject, I have been struck by a statement made by most authors, that convulsions in children not dependent on organic disease of the brain are rarely ever serious. Certainly such a statement is calculated to mislead particularly the young practitioner, and put him off his guard; and especially will he be off his guard if he happen to have seen several cases of convulsions in which there was but one convulsion, and the child recovered rapidly, and there were no bad sequela. If we admit that only one case in a hundred may be dangerous, then the statement I have referred to must at least be modified. Any case of convulsions may be dangerous, and we should, therefore, always be on our guard for that one case, to study all cases carefully, and be reserved in our prognosis.

The age at which children are most apt to develop convulsions is perhaps still a disputed question, but it is probably the period of dentition—from 6 to 28 months. It is not alone because dentition is occurring at this period, but in addition there are other active processes of development going on. The nervous system of the child is much more impressible than that of the adult, and during this dentition period is developing very rapidly, perhaps more so than at any other period; unless we except the period of puberty, and even this exception is doubtful. Some children are much more liable to develop convulsions than others, and, even in the same family, sometimes one child from a slight cause will have a convulsion, while another will have comparatively little disturbance of the nervous system from much more severe causes. Usually, however, the tendency to disturbance of the nervous system runs in families, affecting one in one way, and another in an entirely different way. When I see a child capable of having an elevation of temperature as great as 105° F. from an attack of indigestion, even though no convulsion occur, I feel quite certain that the nervous system of that child is very susceptible to slight influences, and I always try to be especially watchful of it in any illness, for fear that a more severe cause may produce a very stormy outburst. If there is a general cause in families for this tendency to

disturbances of the nervous system, we must look for it back of the children. In other words, inherited tendencies play an important part in the etiology. It is more than probable that the unknown and unexplained predisposition to convulsions in some children is given them by their parents, and in the majority of the cases by the mother. The tendency to transmit "nervousness," as it is called, is easily recognized. Only a few days ago, a young mother said to me, "it is no wonder my baby is so nervous and sensitive, for when I was carrying her, I was a bundle of nerves. I was unable to sleep sometimes because of nervousness, and frequently I have arisen in the night to wash my hands and face, which seemed always to soothe me." Could not something have been done during pregnancy to lessen, to a certain extent at least, the nervous sensitiveness of the child? Under the head of treatment, I shall refer to this question again.

Another interesting question suggests itself just here, in connection with the view held by many good observers that diseases of the nervous system are greatly on the increase among Americans. If these diseases are on the increase, and if the view is a correct one that the predisposition to convulsions is transmitted to children by their parents, then the subject of convulsions in children becomes one of still greater importance to us, as American physicians, than it has ever been before.

In some cases of convulsions in children, it is possible to trace a history of convulsions in the childhood of the mother. This I have been able to do in a few cases which have come under my observation. The statistics on this point are very meagre, and are only sufficient to strengthen slightly the argument for the transmissibility of the tendency.

The question as to whether puerperal convulsions create a tendency to convulsion in the child is one that has been considerably discussed. The weight of opinion is, that puerperal convulsions do not leave a permanent tendency to convulsions in the child. If the convulsions in the mother are uremic, the same poison may produce convulsions in the child the first few days after birth, but not later.

It is a well-established fact that children with the rickety diathesis are very susceptible to the influences which produce convulsions. This is a point of great practical importance, as I shall endeavor to show when I come to consider the treatment. All observers agree that in a certain proportion of cases rickets may be traced, but Gee makes the proportion the largest of any. Out of 61 cases of convulsions, he found rickets in 56 of them, certainly a proportion sufficiently large to make the few remaining cases the exceptions to a rule. His observations, however, were all made among the children of the poor.

The subject of the feeding of children seems