

## INFANTILE CONVULSIONS.

According to Henoch (*Deutsche Medic Zeitung*), when the physician is called to a case of convulsions his first duty is to combat this symptom by means of chloroform. It is only after the eclamptic phenomena have subsided that he can discover the cause.

Love does not agree with him, and reports the following observation: In the case of a child of fifteen months, in convulsions, the physicians had used chloroform anæsthesia for more than half an hour until the child was entirely quiet. He prescribed bromide and chloral, and left saying that all would come right. A half an hour later the convulsions appeared with greater intensity, and Love, who saw the patient, found the rectal temperature to be 41.7° C. (107° F.) A cold bath controlled the convulsions and lowered the temperature. The child later developed malignant scarlatina, to which it succumbed.

Love holds that it is important to combat as soon as possible the cause of the convulsions.

The principal causes of convulsions in infants are:—

1. Heredity.
2. Reflex excitability. At this age the brain is undeveloped, and the spinal cord plays a most important part.
3. Neurasthenic diathesis, an enfeeblement of the nervous system from impoverished blood, a defective nutrition, rickets, heredity, tuberculosis of the parents.
4. Difficult dentition. In this case, Love advises sacriification of the inflamed gums, ice, and applications of a 5-per-cent. solution of cocaine.
5. Indigestion, or the filling of the stomach with inappropriate aliments. In this case, he gives an emetic, an enema of a teaspoonful (4.00 grammes) of warm glycerine, or calomel, and prescribes a proper regimen.
6. Indigestion from a change of nurse.
7. High temperature, which is observed at the onset of acute diseases. Here, the cold bath, the wet pack are recommended, whereas mustard baths and hot baths are dangerous. Love reports the case of an infant attacked with convulsions where the physician employed hot mustard baths, the water of which was to be renewed as it cooled; he preserved in this treatment for an hour and a half and reassured the parents. When Love arrived, he found a temperature of 41.1 C. (106° F.), and noticed that the physician had removed the cramps by producing impairment of the muscular contractility. The child died in a few hours.
8. Foreign bodies in the different cavities, and the inflammations consequent to them.
9. A previous scarlatina, which makes probable the existence of uræmia.
10. Tuberculosis of the brain is a frequent cause of convulsions in illy-nourished children.

11. Morphinomania in the nurse; belladonna ointment applied to the breast constitutes a cause of convulsions in nurslings.

12. The congestion following an excess of malarial fever may cause convulsions in plethoric children. Here, leeches to the temples or behind the ears are clearly indicated.

Love concludes by recommending acetanilide as a preventive of convulsions.—*Satellite*.

## TREATMENT OF OZENA.

Dr. Moure, of Bordeaux, who is an authority on the treatment of diseases of the nose, makes some helpful suggestions regarding the management of ozena, in the *Bulletin Médical*. The usual treatment of ozena, he says, consists in modifying the general condition of the patient; for this purpose, the preparations of iodine and arsenic are given. Immediately after a cleansing irrigation, an antiseptic solution is employed, care being taken to vary it from time to time. Moure employs first the following:

Acidi carbolicæ,	f dr. iv
Glycerini,	foz. iiss
Alcoholis (900)	f dr. x
Aquæ,	f oz. ix

Sig. A table-spoonful to a pint of tepid water.

When the carbolic acid has caused the bad odor to disappear—which it does usually in from eight to fifteen days—it is replaced by chloral, resorcin, salicylic acid, salicylate of soda, or by creolin. The latter has the disadvantage of being very caustic, because it forms an emulsion and not a solution. It should be employed only in very small doses, for example:

Creolin,	gr. xv.
Alcoholis,	f oz. iiiss

Sig. A coffeespoonful to a quart of tepid water.

Naphthol, also, gives very good results; but a solution of camphorated naphthol is preferable. A solution of aceto-tartrate of aluminium is also employed:

Alum. acet tart,	dr v—x
Acidi borici,	oz. iiss—iii

Sig. A coffeespoonful of this mixture to a pint or quart of water, according to the patient.

Van Swieten's solution should not be employed, because it is dangerous.

In rebellious cases the treatment should be terminated by atomization, as with the following solution:

Acidi carbolicæ,	gr. xxx
Resorcin crystal,	gr. xlv
Glycerini,	f oz. iss
Aquæ	f oz. ixss