occur readily during the first and even second dentition from slight causes, this is a reason for apprehending the subsequent occurrence of epilepsy. Habit is such an influential factor in determining attacks of nervous diseases that we may well be solicitous regarding its power here.

The treatment of convulsions has an importance determined entirely by the cause of the seizures. Is the attack merely an excited state of the spasm centre from simple peripheric irritation? Has the child eaten some indigestible food? Are there worms, irritating foods, scybala, etc., in the intestinal canal? Is there a stone in the bladder, preputial irritation, or other source of irritation in the genito-urinary tract? Has sufficient urine been passed, and is the urine albuminous? Is an acute disease beginning, and is fever present? Has the child passed through an illness recently, especially of scarlatina or whooping-cough? Is the child emaciated? Has the child rickets? The treatment is much influenced by the answers to these questions. Causes of irritation must be, at once removed by emetics, purgatives, vermifuges, etc., as required. Then follow the measures to allay the excitability of the spasm centre; bromide of potassium, chloral hydrate, and the inhalation of chloroform. When time presses, the last-mentioned expedient has great value. It is sometimes advised to administer ether instead of chloroform, but this suggestion indicates a failure to appreciate the excitant qualities of the former. Chloroform is well borne by children, and is more effective than ether. Chloral, by the rectum, renders an incontestable service. It is safe in the case of children; it is effective, and, although not so prompt, is more sustained in action than chloroform. Bromide of potassium is most useful after consciousness is restored to prevent future or impending attacks, or to allay the excitement, muscular twitching, etc., which may indicate the onset of convulsions. When swallowing is impossible, bromide may also be given by enema, and it may be combined with chloral for all of the purposes to which the latter is applied. If the surface is cold, the circulation feeble, and the skin dry, the child should be put in a bath 100° Fahr. If the same conditions exist in a moist and clammy skin, dry heat should be used, the articles affording it having a temperature of 100° also. If, on the other hand, the temperature of the child is high, reaching 103°, 104°, or 105°, or more, the cold bath, or the cold wet pack should be employed without hesitation. The character of the bath prescribed will necessarily be affected by the state of the urinary secretion. If it is necessary to compensate in an increased action of the skin for the diminished activity of the kidneys, a warm or vapor bath may be necessary. If albuminuria exists, and the urine is very scanty, the convulsions being distinctly uræmic, a very powerful action of the skin must be secured, and this can be affected by no measure so successfully as by pilocarpine. There can be no doubt of the great good accomplished by this remedy under these circumstances, but any prudent practitioner will avoid inducing a dangerous cardiac depression by the use of large doses. Compensation for the diminished urinary secretion can also be obtained by free catharsis.

We should not fail to mention the remarkable results obtained by Loomis in cases of uræmic convulsions, by the hypodermatic injection of full doses of morphia. Although such treatment has been applied to adults only, and may be inadmissible in children, it throws light on the therapeutical diagnosis. In the simplest cases, almost no treatment may be required. A child has eaten an indigestible meal, has a convulsion, and vomits freely. The stomach emptied, the nervous disturbance ceases, but it is always well in such cases to prescribe some bromide of potassium to allay the reflex irritability and the excitement of the spasm centre. Here, as under all circumstances, no treatment should be instituted that is not the result of a careful survey and a logical deduction from the facts.—*Medical News Editorial.*

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THE COLLECTIVE INVESTIGATION OF DISEASE.

The British Medical Association has recently inaugurated a scheme for the collective investigation of disease, which bids fair to become a decided success. Professor Humphrey of Cambridge, in his Presidential address of 1880 so earnestly advocated the merits of collective investigation that steps were immediately taken to carry out his suggestions. Fifty-four Committees, including from eight hundred to a thousand of the leading practitioners of England, Scotland and Ireland, have already organised to prosecute the work, and cards of enquiry issued concerning acute pneumonia, chorea, acute rheumatism, contagion of phthisis,