

leptic convulsions. A medical man in the immediate vicinity was called in. He administered chloroform, applied mustard to the spine, draughts to the feet, &c. He remained with the patient most of the day, and left in the evening, saying, that he would not live through the night. This alarmed the friends, and they had therefore sent for further medical counsel. I arrived about twelve o'clock at night, on entering the room, I found the patient in a comatose state, with a recurrence of the convulsions every ten or fifteen minutes—having increased very much in force and frequency during the past twelve hours. The pulse was about 130 per minute, inspirations about 30, pupils dilated, skin harsh and dry. He had passed very little urine during the last 24 hours, and it was high colored and loaded with albumen. I diagnosed the case as one of uræmic intoxication, arising from desquamative nephritis, and treated accordingly. I ordered a warm-bath, a large wash-tub being extemporized for that purpose. I had him seated in the tub, and wrapped hot blankets around his legs and shoulders. He was kept in this position for ten or fifteen minutes, and then put to bed, and friction applied to the surface of the body. Ice was applied to the head; and as deglutition was impracticable, I ordered three drops of croton oil to be placed on the tongue. This produced a free evacuation of the bowels in a short time; the skin became moist, the convulsions gradually diminished, and ceased entirely in about three hours. I remained with the patient until five o'clock in the morning. He had no return of the convulsions during this time, but he was still unconscious. I could hold out no hopes to the friends of his ultimate recovery, although I had been able, by means of the bath, to break up the convulsions in the mean time. I now left the patient, but fearing a return of the convulsions, I directed the repetition of the bath, about 6 o'clock in the morning. This was done, and about three or four hours afterwards consciousness returned. and, upon my second visit, I found him in a much better condition, with a fair prospect of recovery. The patient continued to improve under ordinary treatment, and in a short time was able to attend to his usual duties.

Since then I have adopted this plan of treatment in several instances, and it has invariably been attended with