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CLINICAL CONVULSIONS.*

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Too often our profession mistakes recognition of disease for its comprehension. To be able to classify certain happenings as an instance of manic-depressive psychosis or schizophrenia is not the same as appreciating the causative factors or even those integers creating the superficial appearances. To describe these is not to know them; and it is probable that these conditions no more than epilepsy are true diseases in themselves but are all of the nature of neural responses to noxious stimulation.

Indeed the instability of nerve mechanism in mental disease may be surmised from the frequency with which the history of psychoses is punctuated with paroxysmal disorders.

Hughlings Jackson has left us the notion of epilepsy as an occasional sudden excessive discharge of a nerve center, sensory or motor—to which we should add that such discharges are involuntary and are accompanied by some alteration in the stream of consciousness.

These emissions of energy are no primary disease unit but are merely the expression of an innate or induced instability of nerve centers of diverse origin operating probably through a common constant connecting mechanism—probably the cardiovascular system and its control. To seek for diverse origins imposes variety of direction in the search—allergy, circulatory disorder and chronic intoxication must all be brought under review. As there are many

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