

THE
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

Business Management,

THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, MARCH 17, 1890.

Original Communications.

TREATMENT OF EPILEPSY.—CHOREA.*

BY E. C. SEGUIN, M.D.

Whilst a knowledge of general therapeutics is easily obtained from text-books and didactic lectures, the practitioner must have recourse for information, as to the therapeutics of special diseases, to the medical journals of the day, new works and special lectures. In this field of special therapeutics caution must be exercised, for so much of the knowledge is premature, so much of the material raw, so many of the remedies simply due to turns of the wheel of fashion. Diligent search should always be made for the unsuccessful cases. Time and repeated tests will settle the status of any new remedy.

In epilepsy, when due to encephalic, peripheral or toxæmic causes, treatment must be directed to the cause of the condition, not to the condition itself. Under the name of idiopathic epilepsy, are included cases in which there is no gross lesion or toxic condition. Such idiopathic cases demand treatment of the condition. It must be remembered, however, that many cases, seemingly idiopathic, are eventually found associated with a gross lesion. This lesion may have been the starting point of the disease, or may have been inter-current. The wife of a physician, who had been declared

the subject of idiopathic epilepsy, by such a competent observer as Brown-Sequard, has come under my observation. She had for 10 years, attacks of both grand and *petit mal*. Suddenly the attacks increased in frequency and severity, and death resulted. Autopsy showed a glioma, which, doubtless, had been present since the primary epileptic manifestations: at first growing slowly, and then more rapidly.

Heredity predisposed to epilepsy. Alcoholic excess, sexual excess, and syphilis in the parents, rendered the child more susceptible. Injuries during delivery to the cranium and its contents predisposed. There might be a history of asphyxia at birth, with or without convulsions.

In the patient herself, a weak heart, masturbation or sexual excess, the abuse of alcohol, or any severe acute disease, might excite an attack.

As to infantile eclampsia, the hereditary tendency was an important thing to consider, for epilepsy might or might not date from such infantile convulsions.

Too much importance should not be attached to such supposed causes as defective eyes, disordered digestion, and dysmenorrhœa. These conditions should, of course, be remedied, but one need not expect to cure the epilepsy in this way.

Stevens, of New York, has laid great stress upon eye strain as a cause of epilepsy. Treatment of the eyes, by lessening the irritation, may reduce the sum total of predisposing causes, but will not cure the epilepsy. The report of the Committee of Investigation shows

*Abstract of a lecture before the University of Toronto Medical Society.