that we diminish at all the intensity or duration of pneumonia by provoking intestinal flux; on the contrary, a new affection—intestinal catarrh—is created, which can be but prejudicial to the general condition and augment the malaise. Finally, it must be remarked that it is absolutely untrue, though it was formerly believed, that the respiration becomes less embarrassed in patients with pneumonia when diarrhœa supervenes. When, in the conditions which we have just pointed out, there is any indication for putting an end to constipation in pneumonia, clysters should be employed, and purgatives should be as often as possible withheld. These cannot by any means be considered, as they too often are, as entirely inoffensive remedies. The administration of a purgative gives rise, in the greater part of the cases, to a certain excitement of the patient, and he commonly finds himself far less well after the purgative than before it. Such an aggravation of so serious a malady ought evidently to be taken into consideration. This is, moreover, what Oppolzer had already pointed out in respect to tartar emetic, which is far from producing always, as has been pretended, any relief or amelioration. On the contrary, the state of the patient is aggravated, and it is only when the effect of the medicine has ceased that the patient experiences a certain relief; but then this must be attributed, not to the action of the remedy, but rather to the disappearance of the malaise which the remedy had superadded to the primitive state of the patient.

From all these considerations it results that, in the great number of diseases, the indication is to abstain from purgatives as long as they are not indicated in the clearest manner. That is a principle acquired by experience, and one on which we cannot insist too much.

CLINICAL LECTURE ON EPILEPSY.

By Dr. H. C Woon.

(CONCLUDED.)

In petit mal—the second variety of the disease—there are no convulsions, and the loss of consciousnessis of such short duration that the muscles remain contracted and there is no fall.

I do not propose to say much to-day about this petit mal, but merely to allude to a rare and very serious form of it, in which a paroxysm of delirous fury replaces the usual momentary simple loss of consciousness. This delirium is furious in character, very often homicidal. Generally there is a marked destructive tendency, or the patient fights those around him, under the delusion that he himself is being attacked. The celebrated alienist Dr. Gray was some time since sitting at a table with a lawyer who had suffered from petit mal, when the latter attacked him with a knife, intent upon his life. The case whose history follows presents itself to us for diagnosis. The point to be determined is whether the man has or has not had a paroxysm or epileptic delirum.

Joshua H. C., æt. 42, white, has always enjoyed good health. About three weeks ago, having been exposed to much cold and wet in his occupation (that of a cardriver), he took a severe cold, which kept him at home for three or four days. At this time there were no epileptic symptoms. After this he felt well until last Sunday morning, October 26, when he went out to walk, very thinly dressed, although the day was quite chilly. On returning to his home he had a severe chill, and complained of dimness of vision lasting about three-quarters of an hour, with frontal headache and vomiting. His friends say that after this he was wildly delirious, doing peculiar things, seizing and hugging his wife, rushing around the room, yelling, etc., etc., but not offering violence to any person, and showing no destructive tendencies whatever. It should be mentioned that he has always been nervous and excitble, and that the night before this attack he had had a domestic quarrel.

Under cupping to the back of the neck, the man recovered his reason in about twenty-four hours.

In many respects this case is obscure. At first sight it resembles epilepsy. But there is no history of wetting the bed, or of other indications of night epilepsy,—of momentary loss of consciousness, or other indication of petit mal; and the delirium was unlike the usual form of epileptic furor in that it was not directed to the destruction of any object, either animate or inanimate. Cantharides, Indian hemp, or atropia, when taken in sufficient doses, might produce similar symptoms; but this man has not taken them. It cannot have been meningitis, for there was no fever; nor was the attack malairal,—although I have seen pernicious fever with very similar symptoms,—for the chill has not returned; nor is brain-tumour the cause, since, although sudden symptoms may come from such cause, yet there are generally apoplectic symptoms, and indications of paralysis exist in a greater or less degree somewhere. Moreover, the patient has not had any marked headache. I think the case, being none of these, is probably *mania transitoria*, which often occurs after chronic diseases, great anxiety, and the like, and which in many respects it is closely allied to hysteria. In the case now before us it was probably induced by exposure to cold and by the excitement of a domestic quarrel.

In the third and last variety of epilepsy there is no loss of consciousness. This form is very rare, and even the possibitity of its occurrence has been denied by many authorities, who hold that unconsciousness is the only symptom of epilepsy that is never absent. The following history shows that this form may be met with. Thomas——, æt. 20, began to have epileptic fits nine years a[illegible]. The paroxysms from the outset have been frequent, from one or two every week to three or four daily. They are always proceeded by a well marked aura, originating in the feet and passing upward; when it reaches the arms the convulsion begins. This affects both arms, the muscles of the upper part of the back, and those of the neck. During the spasm the pupils are widely dilated, the face is congested and disfigured, the head is drawn to the left, and the arms are lifted above the head and jerked wildly about. The attack lasts about thirty seconds; there is no loss of consciousness, and he does not fall. He had an attack at one of his visits to the dispensary; so that the truth of his statement as to the loss of consciousness can be fully verified.

From March 10 to July 10 the treatment adopted was, first, large doses of bromide of potassium, then belladonna with nitrate of silver, and, finally, bromide of sodium; and, although the paroxysms appeared at times to diminish in frequency, no great improvement was brought about. Since July 4 he has not been seen, and most likely he has applied for aid elsewhere: though it is hardly possible that anything can be done to give him permanent relief.

This case, I think, must be considered as of the nature of epilepsy, from its commencing with aura, its paroxysmal nature, and its intractableness. If you use the term *cerebral epilepsy* for that form of petit mal in which consciousness is not lost, you may speak of this form, in which consciousness is preserved but convulsions occur, as *spinal epilepsy*.—[Philadelphia Med. Times.

HYDROCYANICIC ACID IN DELIRIUM TREMENS.

Dr. Henry B. Dow expresses his belief (*Brit. Med. Journ.*,) that hydrocyanic acid fulfils all the indications in delirium tremens better than opium, digitalis, or belladonna. "It allays the irritation of the stomach, and checks the nausea and vomiting; it quiets the nervous excitement, and, by so doing, tends to produce sleep; and it also controls the action of the heart. It has the advantages of producing its effects quickly, and of not being culminative, and is taken readily by most people. I have used it with the most satisfactory results, and will now mention my usual method of administration. I give it in combination with bicarbonate of potash, chloric ether, and camphor mixture, in doses of one, two or three mimims of the Pharmacopœia solution every two, three, or four hours, according to the severity of the case; and also find that benefit may be derived from the addition either of three or four grains of carbonate of ammonia, or a few minims of the compound spirit of ammonia. The patient is to be nourished by the administration of beef-tea, milk, etc., and wine or other alcoholic stimulants to be given, according to the discretion of the medical adviser; the less, however, the better. As soon as the worst symptoms have been relieved by the above treatment, the appetite is soon restored by the use of dilute nitric acid and decoction of cinchona."

ASPIRATING PUNCTURE IN STRANGULATED INGUINAL HERNIA.

Case recorded by Dr. Albanese in *Gazetta Clinica de Palermo*.—Patient, thirty-seven, and suffering for three years from reducible inguinal hernia, suddenly presented signs of strangulation. Taxis was performed uselessly, and the worse signs came on; imperceptible pulse, fæcal vomiting, &c. The tumour was the size of a lemon, transparent, and sonorous on percussion. Taxis, after local and general anæsthesia, was again vainly tried. The mesial and external part of the tumour was then punctured. About four drachms of an alkaline liquid, without any smell, came away. Some gas escaped; reduction was not possible. The instrument was then introduced about one inch higher. Five drachms of fluid were then aspirated, and more gas escaped. Taxis became possible, and the patient soon recovered.