

cular blood murmur, which is unassociated with any symptom of cardiac enlargement. In neither case have there been any febrile phenomena, and in neither case have we been able to discover any albumen in the urine. With this I think that I have exhausted the category of symptoms.

Do such cases ever occur in private practice, you will, with great propriety, inquire of me. To this question I will answer both yes and no. Marked cases of the disease are not likely to present themselves in private practice, but less marked instances you will most undoubtedly meet with. If you know what fully developed scurvy is, you will understand these less marked instances. Emotional persons, living in luxury, begin to bring themselves down in diet. They never have very much appetite, and they think the less they eat the less they will suffer from dyspepsia. Such persons drop first one and then another article of food, and are in reality starved, although driving about in handsome carriages. Such instances may not be striking ones, and yet you will find in them spongy gums, lassitude, fetor of the breath, clean tongue, and a more or less strongly marked tendency to constipation. These people, too, have pseudo-rheumatic pains. They have tried electricity, perhaps, and tried limiting their diet, and made a tour of the various baths, and yet their pains are not improved. You may be surprised to hear me say so, but I assure you that these are real cases of scurvy, although they are only half developed. Certainly my diagnosis would not seem to be sustained by the circumstances of the patients, and yet I have cured very many such cases by this key, and by therefore, putting them upon the proper treatment for scurvy.

I have even known of the existence of ecchymotic spots on the legs of such people just as is the case here, and this, too, in those living upon the best of the land, and with apparently everything to gratify their tastes.

What are we to do for these cases? How are we to treat scurvy? I am now speaking of the proper treatment of *Case I*, for in *Case II*, the scurvy is evidently complicated by specific disease. Of course, the first thing to be done is to vary the diet and particularly to let the patient eat whatever vegetables may happen to be in season. Among vegetables I may mention particularly celery, spinach and onions. Onions, though not imparting the most pleasant of odors to the breath, is a most excellent anti-scorbutic. Let the patient eat potatoes and a varied vegetable diet. Then the fruits are always of value, such as oranges, lemons, grapes etc. Our object, of course, should always be to introduce the ingredients of vegetable food into the diet in their most inviting form.

When the fresh vegetables cannot be easily procured, lemonade, freely partaken of, is a very fair substitute. With it the patient should eat a moderate amount of fresh meat and fish.

As regards medicinal agents, irrespective of diet, the mineral acids do most good. These remedies are of especial value in such cases as these now before you, where we have noted the presence of a distinct murmur, not of cardiac, but of anæmic origin. To the mineral acids, we can of course add iron.

Case I has been taking the tincture of the chloride of iron with muriatic acid—twenty drops of the former with ten drops of the latter (strong muriatic acid) well diluted, thrice daily. With this treatment I look for a decided abatement of the symptoms.

In *Case II*, I will carry out this same treatment to some extent, for as there is a syphilitic eruption present he will require specific treatment in addition. With this in mind, I have given orders that he should have one twenty-fourth of a grain of the bichloride of mercury thrice a day. The rules of diet must be the same for this man as for *Case I*.

Time will not allow of my engaging in the speculation as to whether scurvy can be prevented by the proper use of lime juice, a supply of which all captains should carry with them when going upon a long voyage. All I can do is to merely hint at the subject, which if properly and fully considered would carry me far beyond my allotted lecture hour.

TREATMENT OF EPILEPSY.

A. McLane Hamilton, M.D., says in regard to the treatment of epilepsy, (*Medical Record*.) I am in favor of combining bromide of sodium with bromide of ammonium, equal parts of each, and of administering sixty grains of the combined salts together with thirty grains of hydrate of chloral daily. The doses should be divided so that the largest may be given a short time before the fit is likely to occur; that is if any regularity in the occurrence of the convulsions can be distinguished. Of course this quantity may be increased if occasion requires. In other cases the bromides given in combination with bicarbonate of potash and some simple bitter tonic, as recommended by Brown Séquard, will produce wonderful results. These remedies are especially serviceable in the nocturnal forms of the disease, and, in fact, are to be commended in the treatment of attacks of an irregular character. I will caution you against giving the bromides with the mere idea of exhausting, as it were, or stamping out the disease. It is of the utmost importance to combine with them cod-liver oil or some other fat making material which improves the nutrition of the nervous substance. It has been my good fortune in many instances, where the bromides have been given in excessive doses (even to the point of producing full bromism, and yet without producing any apparent effect upon the disease), not only to diminish the