

hand, it is superior to them in not producing unpleasant or injurious effects.

My friends and former partners, Drs. William H. Draper and Frank P. Kinnicutt, have used the above plan of treatment frequently in the last five years, and their results substantially agree with my own.

Some surprise naturally arises upon seeing so much good done by small doses of a neurodic medicine in a disease so deeply rooted as migraine. Our wonder may never cease respecting the *modus agendi* of the drug—its essential potent action; but its gross and practically interesting effect is very analogous to a well-established acquisition of empirical therapeutics. I refer to the successful employment of belladonna or atropia in epilepsy. This treatment, especially vaunted by Trousseau, is by no means useless, although it is no longer fashionable since the more useful bromide treatment has come into general use. I still, however, employ belladonna in epilepsy in conjunction with the bromides, and this combination sometimes brings about gratifying results.

I may be allowed to briefly mention one illustrative case. When Dr. Brown-Séguard went to Europe in 1875 one of his patients came under my care. She had a bad form of epilepsy, and in spite of the most skilful use of the bromides by her illustrious physician she had been having a fit every two weeks for months. I made little change in the amount of bromides she was taking, merely substituting my own simpler solution for Brown-Séguard's mixture, and gave her one-quarter grain of belladonna three times a day—just enough to keep her throat a little dry. From the very beginning of treatment the epileptic attacks became fewer; intervals of one, three, and fourteen months being obtained. In the present year, owing to the uncontrollable cause of the epilepsy, she has had three or four seizures.

A close parallel may, I think, be drawn between the two diseases, epilepsy and migraine; and between the two remedies, belladonna and cannabis; thus, in my opinion, logically fortifying the proposition advanced upon empirical grounds, that cannabis is useful in the treatment of migraine.

1. Migraine and epilepsy are both nervous affections characterized by the occurrence of periodical attacks; the attacks themselves in both diseases are largely made up of vaso-motor disturbances: in both it is probable that the medulla oblongata is primarily or secondarily diseased: both affections occur in the same families, and may be present at successive times in the same patient. The late Dr. Anstie has expressed the opinion that the two diseases are akin, and states* that migraine may develop into genuine epilepsy. I have in my private case-books cases illustrating this proposition, and I am now

treating a physician who states that after nocturnal epilepsy appeared, before beginning bromide treatment, his old migraine grew less frequent and less severe.

2. As regards the two remedies, cannabis and belladonna: both are intoxicants and deliriant; both dilate the pupil, and it is probable that the action of both upon the central nervous system, when administered in the shape of the continued dose, is very similar.

In conclusion, I would earnestly ask the gentlemen who have honored me with their attention this evening, to give the cannabis treatment of true migraine a critical trial.

USE OF THE COLD DOUCHE, AND FRICTION WITH TOWELS WRUNG OUT OF COLD WATER, IN CASES OF CHRONIC PHTHISIS.

Dr. A. Von Sokolowski is Dr. Brehmer's assistant at the Görbersdorf (Silesian) Sanatorium, where a very great number of phthisical patients are treated every year. He remarks (*Berliner Klinische Wochenschrift*, Nos. 39, etc. 1876) that a variety of opinions prevail amongst medical men as to the propriety and usefulness of the cold douche in pulmonary phthisis. Some consider it of the highest utility; others regard it as quite unfit not only for consumptive cases, but for all analogous ones. It occurred to him, therefore, that it would be useful to carefully note the effect of this treatment in the cases under his observation at Görbersdorf. The results are as follows. A hundred and five cases of consumption were treated by the cold douche. These may be subdivided into three categories. 1. Patients with deposits of very limited extent (infiltration) in one or both apices of the lung, and patients only suffering from catarrh of the apices, with marked hereditary taint. These deposits were partly recent, partly of old date; sixty-six patients belonged to this category. 2. Patients with extensive infiltration, without any demonstrable breaking down (destruction) of tissues, and whose general condition was good; nineteen patients belonged to this class. 3. There were thirty-three patients who had physical signs of breaking down, or softening of the deposits (destruction of lung-tissue) yet with the general health little impaired. This class includes both limited and extensive deposits. Of the whole number, sixty-six had no hereditary history of phthisis, whilst in thirty-nine cases the history of phthisis in the family was perfectly clear and indubitable. The hydrotherapeutic treatment was supplemented by attention to diet, and an air-cure. The duration of the hydrotherapeutic treatment was on an average about three months.

The final results of the treatment were as follows. Of the hundred and five patients (1) thirty-nine left the institution with so much

* The Practitioner, Vol. IX., 1872, p. 256.