

value, quite apart from the existence of anæmia, and, next to it, valerianate of zinc, morphia, and turpentine.

High authorities have urged on different grounds that the diet of epileptics should contain little or no animal food. In a few observations which I have made by keeping a patient under unaltered medicinal treatment for alternate periods on a diet with and without animal food, I could observe no difference in the attacks, except that in one patient they were slightly more frequent in the periods when animal food was excluded, and in one patient hystero-epileptic attacks on ordinary diet became, when meat was excluded, severe epileptic fits, and again became hystero-epileptic when animal food was restored.

In pure epilepsy the only treatment needed during the attacks is such care as shall secure the patient as far as possible, from injury. It is very different with the attacks of hystero-epilepsy, which, from their character, severity, and long duration, often furnish the attendants with a task of no small difficulty, and which can almost always be cut short by appropriate treatment. The patients often hurt themselves during the attacks, and some control is absolutely necessary. But, as already stated, restraint tends to increase the violence and makes the paroxysm last longer. Hence considerable judgment is often required, so to adjust control as to be efficient, and not too much. I have seen these patients put within padded partitions and left alone, but I have never myself found this necessary.

The slighter attacks can be arrested by closing the mouth and nose with a towel for some thirty seconds, after Dr. Hare's method. The profound effect on the respiratory centre, and the related higher centres, caused, by the anoxæmia, seems to arrest the convulsive action. Cold water over the head is often successful, if applied freely; in severe attacks a moderate quantity only excites redoubled violence, while a second gallon is often more effectual than the first. This has the disadvantage of drenching the patient's head and often giving cold. When the mouth is open during the attacks a small quantity of water poured into it is often effectual. A much more convenient and more effectual remedy than water, however, is strong faradization to the skin; applied almost anywhere it will commonly quickly stop the attack. It is rare that ovarian pressure will arrest an attack. In some cases all these means fail, even when thoroughly used, and I have known such attacks go on, in spite of skilled treatment, for several hours. Chloroform is of little use; its administration is a matter of extreme difficulty, often impossibility, and the attack is commonly renewed, when the influence of the anæsthetic passes off. The remarkable effect of nausea in relaxing spasm, led me some years ago to try the effect of injections of apomorphia, and I have found in it an unfailing means of arresting the attacks. After the injection of a twelfth of a grain in four minutes with cer-

tainty all spasm ceases, and normal consciousness is restored; in six minutes the patient will get up and go to the sink; in eight minutes will vomit, and afterwards, except for slight nausea, is well. A twentieth of a grain has the same action, but is rather longer in its operation. Moreover, I have found that the treatment is, so far as the hystero-epileptic symptoms are concerned, curative as well as palliative, for the attacks in many cases ceased after a few paroxysms had been thus cut short.—*Lancet*,

ACUTE RHEUMATISM.

[A Clinical Lecture at the Louisville City Hospital.]

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[Reported by A. H. Kelch, Stenographer.]

GENTLEMEN:—I wish to speak to you this afternoon about acute rheumatism as illustrated in the patient we have before us. This young man has had one attack after another of acute rheumatic fever. "Inflammatory rheumatism is a term that has been given to a number of affections that are characterized by fever, an affection of the joints and fibrous tissues, and which are not produced by injury, nor due to gout, nor to pyæmia," and this is perhaps as good a definition as we could give. We may add that acute rheumatism depends upon a peculiar condition of the blood, and is often excited by some cause that for the time being lowers the vitality of the system. There is no doubt that rheumatism of the variety I now allude to is a blood disease; that it affects especially the larger articulations; that it attacks the fibrous and the fibro-serous tissues; that it is attended by fever; and that when left to itself it runs a rather uncertain course. A tendency to recovery is certainly observed, for persons get well when nothing is done for them, and they get well sometimes quickly enough when they are honestly treated with homœopathic medicine, and of course the nominal medication receives the credit. Shrewd and unscrupulous homœopaths give rational medicine, and homœopathy gets the credit, as well as the homœopathist, which is due to rational medicine.

The tendency to run a certain course is so well known that long ago, before the treatment for rheumatism was as successful as it now is, it used to be said that the best remedy for rheumatism was "six weeks," for experience had shown that it took about that length of time to run its course.

I believe when the patient is left to nature, given the simple conditions of good hygienic surroundings, that the disease will often be found to run a much shorter course than six weeks. It is very certain that the average duration of the disease at the present time will be found to be very much less.

It is very frequently developed after exposure t