

selected was under that which I suppose could produce a decided stimulating effect; and, as a most essential improvement occurred at the beginning of the use of the salt, when I was giving one-fifth of a grain, I should not be surprised to learn that I should have done as well, if not better, by keeping to that quantity. There was no marked decrease in the rapidity of the pulse, and no sudden diminution of the impulse; the throbbing gradually subsided, and the general improvement went on *pari passu* with it. There was not any sign of a paralysing influence of the drug on the heart. I regret that I had not in my possession a sphygmograph, and that I cannot, therefore, give any sphygmographic tracings.

The drug appears to have a decided affinity to the muscular coat of the arterial system; and I imagine that it restored tone to the diseased portion of the arterial coat, and thus gave rise to consolidation of the weakened arterial wall. In my case the aneurism appeared to be fusiform rather than sacculated, and therefore deposition of fibrin could not very readily take place.

It may be said that since the chloride of barium causes an increase in the blood pressure it is not reasonable to expect that it should do anything but harm in a case of aneurism; no one, however, who has witnessed the beneficial effects of ipecacuanha in dyspeptic vomiting, or of arsenic in gastro-enteritis, or of cantharides in some cases of nephritis (*Vide* Ringer's Therapeutics), will be deterred by the facts mentioned above from giving the chloride of barium in aneurism in an appropriate dose. Of course it may be asserted that the improvement in my case arose from the prolonged rest and rigid diet, and was only coincident with the administration of the chloride; this is quite possible, but the progress of the case did not make it appear to me at all probable.

The question of the value of the drug in aneurism can only be decided by repeated trial; and I report my case as fully as I have done, that it may be tried by others in suitable cases.

In my opinion preference should be given to the chloride of barium in fusiform aneurisms which have hitherto not been very amenable to treatment also in the aneurisms of advanced age; and it might also be tried in any case in which iodide of potassium is inadmissible, or does not promise to be useful.

Of course perfect rest is essential to any medical treatment; and it would be well to try Tufnell's diet alone at first, and to adhere to it as far as possible during the use of the drug. By F. Flint, M.D.—*The Practitioner*.

TREATMENT OF EPILEPSY.

Extracts from a clinical lecture of Prof E. C. Seguin, M.D., in the *Phila. Med. Times*.

Brown-Séquard has shown that counter-irritation at the seat of the aura is often of the greatest

benefit in addition to them. This serves to transmit to the seat of disease in the encephalon a sensation which may counteract the one proceeding from the latter. Blisters, setons, and the tourniquet or other species of ligature are the forms of counter-irritation employed. The aura acts as a flag or signal to show us the location of the trouble in the brain, and it often enables us to designate this with considerable exactness. It is supposed by the public (and by a large number of the profession) to be the starting-point of the epileptic seizure; the truth is the irritation starts in the brain, at the seat of the lesion present, and travels along some sensory tract to the point where the fibres constituting the latter terminate in the periphery. I therefore prescribe frequent blistering of the groin. The blisters employed should be small (say as large as the end of the finger), and should be repeated every second or third day.

In the general treatment of epilepsy I use only one formula in order that I may keep an exact record of the quantity of the bromides that is taken in each case. This gives a standard for all, and enables me to compare readily the quantity taken by different patients. My first solution is: \mathcal{R} Ammonii bromidi, \mathfrak{z} ss; potassi bromidi, \mathfrak{z} j; aquæ, fl. \mathfrak{z} viij. M. My experience shows that simple water is best for bromide solutions. I never employ elixirs or syrups, for patients soon tire of them, and, as a rule, prefer the saltish taste to salt mixed with sweet. In my second solution I substitute bromide of sodium for bromide of potassium, as it seems to suit some patients better than the latter. In my third solution, which I have used during the past two years only, I substitute chloral of bromide of ammonium in the above, and this prescription I find is excellent for a certain class of cases. Allowing seven teaspoonfuls to the ounce, it is seen that in the first mixture one teaspoonful contains ten grains of bromide of potassium and five grains of bromide of ammonium; in the second, ten grains of bromide of sodium and five grains of bromide of ammonium; and in the third, ten grains of bromide of potassium or sodium and five grains of chloral; that is, in every instance, one teaspoonful of the mixture contains fifteen grains of the "anti-epileptic." It is generally necessary to produce mild bromism; but severe bromism is very injurious. It is always a delicate matter to steer between the two extremes of too little and too much bromide, and it ordinarily takes me from one to three months to fix upon the proper dose in any given case. Hence I invariably refuse to treat out-of-town patients for epilepsy unless they consent to remain in New York for at least a month after the treatment is commenced. You will find marked difference in individuals as to the toleration of the bromides. Thus, in a lady thirty grains a day produced a most profound effect; on the other hand, I have known a baby a few months old take seventy grains a day and exhibit no signs of bromism. At present there is a gentleman under my care who is taking