

in speaking of the treatment of hepatic congestion, accompanied by anæmia, he lays stress upon the resort to purgatives and vegetable tonics, and the avoidance of iron, until the biliary congestion is removed. "*When the portal circulation is relieved*, some preparation of iron may be useful." (The italics are his, not mine.) The liver must be thoroughly unloaded by alkaline salines first; then some strychnia and nitro-muriatic acid may be taken in the day, the salines being only taken first thing in morning; and ultimately, when the liver is once more working efficiently, chalybeates may be prescribed. But it seems that the oxidizing power of iron embarrasses rather than aids the liver when working inefficiently; and when iron is given, the morning purgation by salines, mineral waters, or other means, should still be maintained. By attention to these points much may be done for bilious patients; aye! and much discredit avoided. Whenever, indeed, there is disturbance of the gastro-intestinal canal, bilious or other, chalybeates are contraindicated, and if given cause discomfort, nausea, and not uncommonly a pyretic condition. The digestive organs must be got into good working order before iron is administered, if it is to be properly assimilated. When given in large doses iron always blackens the stools, but if given in moderate doses and well assimilated this blackening of the stools is not so marked. The colour of the stools, then, may be utilized as an indication how far chalybeates are assimilated and are likely to be useful.

There are two different states found in women where iron is either totally contraindicated or to be given with great caution. The first is the condition of amenorrhœa in florid, plethoric persons. In such cases, especially if the patient be of tense fibre, depletory measures are to be resorted to, as local bleeding and free purgation. The other in the opposite condition of menorrhagia in certain females. Of course no one would think of resorting to any form of iron, however astringent, in these cases of menorrhagia which are due to a state of general plethora. But there are cases of menorrhagia associated with pallor and debility, where the usual compound of iron and extract of ergot is not so useful as is a non-chalybeate treatment. In these cases it is not any imperfection in the processes of blood-manufacture which is to be remedied, for the blood is made rapidly and quickly, only to be lost at each menstrual period. An irregular process of rapid blood-making with still more rapid blood-loss is established, and requires its appropriate treatment. It is undesirable to stimulate blood formation by chalybeates here, for the greater the increase in the bulk of the blood, the more excessive the catamenial loss; and to give iron is but to aggra-

vate the condition. It is here desirable rather to limit the rapidity of the blood formation, so that when the general vascular turbulence of the muscular period comes, it will not find the bloodvessels too distended with blood. This will lead to diminished catamenial loss, and so the blood-waste will be economized. For in these cases it is the proper practice to lessen the loss rather than to stimulate blood-formation. During the interval a little sulphate of magnesia, with dilute sulphuric acid, in some infusion of a vegetable astringent forms an appropriate medicinal agent, and should be given along with a restricted dietary. At the periods the dose might be increased and the patient kept quiet, while all aliment should be cold. By such a plan the irregular condition of rapid blood-formation and blood-loss will be converted into a steady state of slower blood-formation with diminished loss. The same rule holds good of other periodical hemorrhages, and especially of some forms of hæmoptysis.

Even in cases of menorrhagia where it is necessary to encourage blood-formation during the interval, it is often well to cut off the chalybeates a day or so before the menstrual molimen, and to substitute for it the mixture just mentioned above. By such plan the blood-waste by the catamenia is economized, and the necessity for great blood-formation minimized. "There is poverty from waste and poverty from want," as Dr. Mitchell Bruce pithily puts it, and each requires its own appropriate treatment. At times with women there is both, and then combined measures are required.

Finally, the consideration of iron here is confined to its use as an hæmatic, its use in pyrexial affections as erysipelas or scarlatina not being included. When used as an hæmatic, it is clear that certain points must be kept in view. First, that the digestive organs be in fair working order, and second, that certain precautions be taken as to its administration when it is necessary to resort to it.

Since writing the above, Dr. Hughlings Jackson tells me that at one time he did not acquiesce in Brown-Séquard's idea, that iron does not suit epileptics, but that a more extended experience has convinced him that it is so. When iron is given to epileptics who are anæmic, it may improve the condition of the blood, but that while doing so, it increases the tendency to fits. It may improve the general condition, but it aggravates the epilepsy.

CURE OF EPILEPSY.

In the opinion of Kunze we possess in curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of seven grains of curare in seventy-five minims of water, to which he adds two drops of hydrochloric acid. At intervals of about a week he injects be-