

therefore, the greater convenience of infrequent doses, one or two daily, is preferred, a somewhat larger quantity needs to be given.

When bromide is thus given continuously, it has not seemed to me desirable to increase the daily dose beyond a drachm or a drachm and a half. If this does not arrest the fits, I have very rarely found that larger doses succeed so well as the combination of bromide with other drugs. But it is I think open to question whether this method of administration, using doses only just sufficient to arrest the fits, is the wisest in all cases. If bromide cures epilepsy, as without doubt it does sometimes, it must be by effecting a nutritive change in the nerve-cells corresponding to its action, whereby they are rendered permanently more stable. That it, or any other drug, does good in epilepsy by influencing the vascular state of the brain, appears to me without even probable proof. Even if such were its action, we are only driven back to similar influence in increasing the stability of the cells of the vaso-motor centre. There are, I think, many grounds for the belief that the change in the nutrition of the cells may be produced more effectually by subjecting the patient for a time to the full influence of bromide, giving doses much larger than are needed to arrest the fits, in the hope of producing more readily a permanent nutritive change. In giving bromide thus I have preferred large doses at intervals of two or three days, gradually increasing the dose until it is as large as can be well borne, and then diminishing it. The largest single doses which I have given in this way have been doses of one ounce. This in some patients produces slight stupor, sometimes reaching its maximum on the second day after the dose. In other cases it produces very little disturbance beyond headache. From the marked differences which patients present in their tolerance, it is not well to begin this method of treatment with a larger dose than four drachms.

The value of the various combinations of bromide with other drugs was tested, as far as possible, on a uniform plan. First, bromide was given alone for several months, and then an additional drug was added to the same dose of bromide, and the result watched for several months longer. Of the various combinations which are in common use, those with digitalis and belladonna unquestionably deserve, as they have commonly received, the first place. Digitalis is one of the oldest remedies for epilepsy. It was recommended by Parkinson two hundred years ago, and has been perhaps for a still longer time a popular remedy for this disease in certain rural districts in the west of England. I have met with no case in which, given alone, digitalis arrested the fits for more than a few months, in several cases it effected very distinct improvement. The combination of digitalis and bromide, however, was distinctly more useful than bromide only, in no less than sixty-three cases. In more than half of these thirty-seven cases,

the attacks ceased under its use, although they had continued under bromide alone. In the cases in which cardiac disturbance was associated, the combination was almost always superior to bromide alone; but its use is not confined to these cases. Many cases of nocturnal and other forms of epilepsy yielded to the combination, although the attacks had continued under bromide, and this when there was no evidence of cardiac disease. I know of one patient with nocturnal epilepsy who, for two years under this combination, has not had a single fit, although the attacks occurred every few weeks on bromide only.

In rare cases belladonna alone will arrest attacks. I have met with only one case in which attacks, which continued on bromide, ceased entirely when belladonna was substituted, and this was a case with hystero-epileptic symptoms. The combination of bromide and belladonna, however, was distinctly better than bromide alone in 35 cases, and in 15 of these arrest of the fits was thus obtained.

Indian hemp was first employed in epilepsy by Dr. Reynolds, and is sometimes of clear value. In one case the attacks were invariably arrested for many months by its use, recurring only when the patient ceased attendance, but twice on his resuming attendance the drug instantly arrested the attacks. When bromide was substituted for the Indian hemp, the attacks at once recurred. Combined with bromide it is also sometimes useful, and seems to exercise most influence over attacks in cases in which there is persistent headache. The same fact has seemed true of the combination with gelseminum, which is occasionally of marked service.

The use of opium in epilepsy has long been advocated by Dr. Radcliffe, and in some cases it is certainly effective. The combination of bromide and morphia I have rarely found to present special advantages. In the status epilepticus in which attacks occur with great frequency and severity, and where bromide, even in large doses, was useless, I have found small hypodermic injections of morphia of great service.

The combination of bromide with aconite and hydrocyanic acid I have also tried, and found it in some cases slightly better than bromide only. The addition of iodide to bromide has been lately said to increase its effect. Occasionally this is true, and in four cases of the series the combination was distinctly better than bromide only, but in many other cases it was ineffective. Even in the cases the subjects of inherited syphilis it has not appeared of special value.

Zinc unquestionably deserves some of the repute it has enjoyed for more than a hundred years as an anti-epileptic. Of the cases of this series in which it was employed it was distinctly useful in ten, but in only three did the attacks cease. In three other cases attacks which continued under bromide ceased under bromide and zinc, and in a fourth they ceased under zinc, digitalis, and bromide. The oxide of zinc was the form commonly