

JACKSON (J. HUGHLINGS) ON HEMIPLEGIA.

This author, in a recent lecture upon diseases of the brain, as usual adds some original and thoughtful facts to our knowledge of this subject. He speaks of two types of hemiplegia—an arm-type and a leg-type—where either of these extremities is most disabled. In a left hemiplegia the arm-type would be preferable, because the left arm can, if necessary be dispensed with; while in a right hemiplegia the leg-type would be preferable, since a man can better afford to lose a right leg than a right arm, and there is less likelihood of defect of speech if the leg-centre is chiefly affected.

If the paralysis begins very locally, say in the hand, and increases in degree and range very slowly, day by day and week by week, there is great probability of tumor of the opposite cerebral hemisphere. In most cases of slow hemiplegia one should treat for syphilis in the early stages. A hemiplegia following immediately upon an epileptic seizure beginning very locally would indicate cortical disease in the Rolandic region. The discharging lesion causing epileptic seizures in such cases is usually probably a local encephalitis about a tumor. The treatment of syphilitic post-epileptic hemiplegia is treatment for syphilis, of course, and also empirical treatment with bromides, the hemi or mono-plegia itself requiring no treatment.

If hemiplegia comes on deliberately, say in half an hour, without defect of consciousness, the presumption is for local softening from plugging of the middle cerebral artery or one of its branches. If rapid with loss of consciousness, or if coma soon follows a deliberate onset, the presumption is for cerebral hemorrhage. But these rules are only empirical and have their exceptions.

The type of syphilitic hemiplegia due to a syphilitic endarteritis is not cured by drugs. After the artery is obliterated and softening occurs drugs will do nothing toward curing the paralysis. But active treatment should nevertheless be carried on with mercurials and iodides in order to prevent similar occlusion of other vessels. There is no doubt that some of these cases of hemiplegia do recover, but not from treatment. All cases of hemiplegia, from whatever cause, that get well do so through the law of compensation by other nervous elements. This compensation will depend materially upon the smallness and position of the lesion.

As regards treatment in all classes of hemiplegia the paralysis needs none. Massage and gentle faradization will be of some service while we are waiting for compensation, but merely as an artificial exercise. To diminish the quantity of highly nitrogenized food, to look after digestion, to keep the patient's bowels free, is the best style of treatment. If arterial tension be

high give small doses of mercury and saline aperients. Never give strychnine in cerebral paralysis.

Hemiplegia is not a nervous disease at all in the strict sense; it is in most cases an arterial affair.—*Brit. Med. Jour.*—*New Orleans Med. and Surg. Jour.*

WHEN TO PRESCRIBE DIGITALIS.

Notwithstanding the increasing additions to the list of so-called cardiac medicaments digitalis still holds its position as the most certain and most widely used; but in order to derive all the good possible from it it is necessary to understand clearly the indications, and not to give it indiscriminately, as is too often done. Mr. Huchard has set forth these indications very clearly in his recent work, "When and How Should Digitalis be Prescribed."

In order to understand clearly the indications and counter-indications, the valvular affections of the heart must be divided into four stages or periods. The first is the period of *eusystole*. During this time the lesion is compensated, and nothing should be done in the way of medication; all our efforts are to be confined to maintaining good hygiene. Digitalis is useless.

During the second period, that of *hypersystole*, the contractions are violent, and compensation is exaggerated. Hygiene still plays an important part, and the cardiac sedatives, aconite, arsenic and the bromides, are indicated; digitalis is injurious.

The situation is entirely different in the period of *hyposystole*, or temporary asystole. The cardiac muscle and vessels become asthenic. This is the stage of oedemas, congestion of the viscera, dropsies; the heart beats softly and feebly, etc. Digitalis is now of the greatest service; it is here triumphant.

Finally, in the period of asystole or amyocardia the cardiac muscle is profoundly degenerated; there is paresis of the heart, the definitive cardioplegia of Gubler. Digitalis is still sometimes useful, but it may in time become inefficacious, and occasionally it is injurious. Caffein in large doses is here sometimes very valuable.

Huchard considers a maceration of the drug as the best form for administering it. He does not give the infusion, which is preferred by some physicians, for, when it is necessary to act quickly, we cannot wait for twelve hours, which time is required for macerating. This is the method for making the maceration:

R. Leaves of digitalis, in powder, 25 to 40 centigrams; cold water 300 grams.

Macerate for twelve hours, and filter carefully, in order to avoid the retention of a certain amount of the powdered digitalis, which is capable of producing nausea and vomiting by its