

this clearly. The hope of curing epilepsy by the removal of the ovaries, or the foreskin, is equally chimerical. It is true that some few cases of hystero-epilepsy have been cured by removal of the ovaries, but this should be undertaken, not as a last resort, but only when the diagnosis was most certain. The lesson specially impressed was, to search your patient, and by careful examination discover the seat of irritation, remove, if possible, the cause, and, at the same time, attend to secondary conditions.

Personally, I am a pessimist. I have never reported cases of epilepsy as cured. I have had a patient, after treatment, go without an attack for 11 years, another one for 7, and yet the epilepsy recurred. For a case to be reported as cured, there must not be any convulsion, nor any epileptic manifestation. I must state that I believe ordinary cases of epilepsy can be cured by long continued use of bromides, but such cures are very rare. The treatment in medical cases must be continued for 5 years. In 4th year, dose may be gradually diminished: in 5th year, dose may be discontinued. Surgical cases may be regarded as cured, if there is no recurrence in 2 years. Great skill is needed in finding the right dose: for if the dose be too small, there is no effect; if too large, severe bromism is excited. From one to two months are often needed before the proper dose is ascertained, and during this time the patient must be seen frequently. The capacity to resist bromism varied greatly. In some cases, 30 grains daily produced it, whilst in others, 150 to 250 grains daily had no such effect.

Little children bear much larger proportionate doses than adults, because the drug is more quickly absorbed, and more quickly excreted; 40 to 60 grains daily were needed by a child of 2 years.

The weight of the adult, and the condition of the general health, affects the size of the dose. Feeble heart, disease of arteries, or cardiac organic disease, lessen the resistance to bromides, and hence digitalis is useful in such cases.

Organic cerebral disease increases the susceptibility to bromide.

Unhealthy conditions of the skin, and other

excretory organs, demand lessening of the dose. The appearance of acne is no guide as to the size of the dose. This acne may be avoided by the administration of the bromide in alkaline waters, and an occasional dose of arsenic.

It is sometimes objected to the bromide treatment, that it predisposes to dementia and insanity.

This is to be met by the fact that, in former days, before the bromides were used, epilepsy had these same sequels, and indeed it is probable that now there are fewer cases of dementia.

A single bromide, administered in water, not in syrups or bitters, is preferable to any combination of bromides, such as that of Brown-Sequard. Personally, I prefer bromide of sodium, because it is comparatively tasteless, and less apt to disorder digestion.

R.—Bromide of soda, ʒiiss.
Water to, ʒvii.

So that a teaspoonful of the solution represents 15 grains of the salt.

I insist on great dilution—up to 30 grains—I give in a half glass of water, 30—60 grains in a full glass of water. In my experience, gastric irritation has been due to the use of concentrated doses. If it be advisable to use arsenic, belladonna, or digitalis, they should be given separately.

Any ill effects which may result from the bromide can be controlled or avoided by the use of the alkaline waters, such as the artificial vichy, the Buffalo lithia, or the lithia water manufactured by the Hygeia Company of New York, which contains a known quantity of lithia. For poor patients, almost as good effects may be obtained by adding a little bicarbonate of soda to the water, or the bromide may be given in milk.

The chronology of the attacks must be carefully studied, and the time of administration regulated accordingly. As few doses as possible should be given.

Just as quinine is given 4 to 6 hours before the malarial paroxysm, so the bromide before the epileptic fit. In the nocturnal epilepsy occurring between 12 and 2, the drug should be given early in the evening. If the attack comes on about daylight, the patient should be wakened up some hours before and given his