

For our patient, I shall order three grains of quinæ sulph. ter die, the avoidance of all stimulants, and the use of large diluent drinks. He shall receive a quart of barley-water daily, to each tumblerful of which a drachm and a half of spirits ætheris nitrosi shall be added. Less than this quantity, I think, does no good. Nor would I use any stimulating or mineral diuretic.

Because he has an enlarged prostate gland, I will order a warm hip bath daily, and, if necessary, a half-dozen leeches to the perineum. The use of sounds will be renewed after a few days, and continued for some time, with gradually increasing intervals, after the urethra has been dilated to such a calibre as shall seem expedient. When he goes away from us he will be given an appropriate instrument, and taught how to use it, so that he may prevent the recurrence of this stricture. In this way only can he be sure to avoid having the same trouble he has now.—*Med. & Surg. Reporter.*

### CHRONIC EPILEPSY.

Dr. Allan McLane Hamilton read a paper, (*Am. Neurological Association*) on chronic epilepsy, which was based principally on cases which had been observed at the Hospital for Paralytics and Epileptics, Blackwell's Island. He had used bromide of potassium with and without ergot, and was of the opinion that the best results were obtained from the combined use of these agents. He had found that picrotoxin was, in his hands, a useless remedy. The nitrite of amyl was of service only at the onset of an attack, and was without benefit when continued at stated intervals between the paroxysms.

Dr. Hammond said that small doses of bromide of potassium were of very little use in the treatment of epilepsy. A patient from Cincinnati had been sent to him for treatment, and he had found that the fifteen grains three times a day, which he was in the habit of taking, produced no result. Dr. H. increased it to twenty grains three times a day, then thirty grains, then thirty-five grains, and eventually forty grains four times a day. After continuing forty grains four times a day for a month, there was a cessation of the epileptic attacks, and since that time they have not returned. It was difficult to say what amount might be required in any individual patient, and it could only be ascertained by producing bromism, or the physiological effects of the remedy. He was convinced that, in the majority of cases, sixty grains in twenty-fours, as had been suggested by some, was not enough. He agreed with Dr. Hamilton, that nitrite of amyl was of no service except when taken at the onset of a paroxysm.

It was a question, however, whether or not the continuous use of the agent to abort paroxysms might not eventually stop them.

Dr. Miles was of the opinion of Dr. Hammond in regard to the use of bromide of potassium in epilepsy. He believed that the drug should be pushed till the physiological effects were produced.

Dr. Hammond said that a good test of bromism was the lack of irritation in the pharynx produced by the introduction of a spoon. Dr. Seguin agreed with Dr. Hammond, in regard to the administration of the bromide. He was in the habit of adopting a suggestion of Dr. Brown-Séguard, which was to give a maximum dose at bedtime, and minimum doses during the day. He used the fluid extract of ergot in combination with the bromide, in doses of ʒ ss-j. He considered strychnia a valuable agent in controlling the staggering gait present in bromism and arsenic of value in combating the acne which resulted from the administration of the bromide.

Dr. Jewell said that in his experience epileptic attacks were very liable to supervene when the patient was fatigued. The suggestion of Dr. Hammond to test the irritability of the throat was of practical importance, inasmuch as physiological experiments tend to show that the cervico-maxillary region was the centre of reflex action. This was proved by experiments made by Brown-Séguard, in poisoning by strychnia, in which he carried one current of gas through a tube in the trachea, down into the lung, and another current up through the mouth. The current carried backward through the mouth was the only one that checked the tetanic spasms.—*New York Med. Journal.*

### CRIMINAL INSANITY.

At the Association of Superintendents of American Asylums for the Insane, Philadelphia, June 12-16, a paper was read by Dr. Isaac Ray, of Providence, on "How far Insanity should be received as an Excuse for Crime." He commenced by alluding to the English decisions in the cases of insane criminals, which now stand as law, but which were founded on mistaken estimates of insanity, and were really of little value in the light of recent scientific researches.

The plea of insanity, he said, did not meet with much favor among jurists and lawyers, and still less when they were informed that insane persons generally know right from wrong, and are capable of hatred and malice, thus apparently furnishing all the elements of crime. The lawyers, in their imperfect knowledge of the subject of insanity, make two great mistakes, one of which is that an insane person may be excused for a criminal act prompted by a delusion only so far as the provocation he imagined would excuse him if his delusion were merely true. This he declared was directly contradicted by the experience of science. There was nothing more probable than that the person who imagined that his neighbor had been telling bad