

The conclusive effect remains, a want of oxygen; and inability of the hemispheres to perform their functions gives coma.

Third. More complicated is the question how the convulsions arise, but for the solution of it we may look to facts studied during normal and dyspnoëic respiration. In animals bled to death, or in such where the return of the venous blood from the brain is prevented, dyspnoëa and convulsions arise by the irritation put upon the center of respiration and the neighboring convulsory and vasomotor centre. This stimulus for the medulla oblongata is diminished quantity of oxygen as well as an increase of carbon. (Volkman, *Klin. Vort.*)

That there may be in some cases an arterial anæmia and in others a venous hyperæmia seems evident. The attacks that occur in the day are no doubt chiefly due to sudden anæmia, while those occurring in the night are due to venous stasis. Whatever may be the exciting cause of the attacks, the predisposing one seems to be a functional derangement of some organ.

In the treatment of these cases, great success would result if less attention was given to the head condition and the attack, and more to the general condition of system and time of attack. (S. Lilienthal, *M. I.*, v. 10, p. 105.)

Epilepsy produced by Absinthe. Dr. Maynan has made a more extensive and more interesting series of experiments with Absinthe. By whatever means this substance was introduced into the organism, whether by the stomach, hypodermically, or by injection into the veins, the following phenomena were observed: If the dose were a small one, feeble, spasmodic twitchings set in, especially in the muscles of the neck, by which the head would be drawn upward and backward—a little later these twitchings would extend to the shoulders and back. Sometimes it was observed (chiefly in dogs) that the animal would soon become motionless, remain standing, half unconscious for from thirty seconds to two minutes, with head and tail lowered, and then would resume his ordinary attitude. This dizziness has some similarity to epileptic vertigo.

If the dose of Absinthe be increased, the above symptoms develop into violent attacks—the animal falls suddenly to the ground, is seized with trismus, and at times with tonic spasms of one side of the body, to which, after a few seconds, clonic spasms succeed; he froths at the mouth, and sometimes bites the tongue, breathing is rattling; urine and feces are passed, seminal ejaculations take place. After the attack has passed off, the animal remains

for some time in a state of stupor, which, however, soon yields to his ordinary condition. Only occasionally, and at intervals of from ten to twenty minutes, as the epileptic attacks recur. During the lucid intervals the animals are very often the subjects of real hallucinations, which are apparent in the manifestation of fear and horror.

The autopsies of animals poisoned by Absinthe showed, besides a penetrating odor of wormwood in various organs of the body, great congestion of the cerebro-spinal vessels of the meninges of the brain, and extreme hyperæmia of the medulla oblongata. The brain and spinal cord presented upon transverse section a uniform rosy coloring, with injection of the vessels; occasionally the stomach, more frequently the endocardium and pericardium, showed small ecchymoses.

In proof of the fact that the effect of Absinthe upon animals finds its analogue upon the working men in France (who habitually drink it). Dr. Maynan cites several cases of disease which prove that alcohol alone is not able to cause epileptic convulsions, and that these appear only in individuals who have been accustomed to the use of Absinthe. (S. A. Jones, *A. H. O.*, June, 1873.)

Epilepsy. Two cases cured by *Art. vulg.* (E. W. Alabone, *H. W.*, v. 8, p. 60.)

Epilepsy. Boy, æt. 12, affected since four years; cause unknown. The attacks come once a week, and are preceded by headache and throbbing in the temples. *Bellad.*³, two drops night and morning. Well. (Bojanus, *Hom. Gaz.*, in *St. Petersburg*, July, 1872; *H. Kl.*, 1873, p. 24.)

Epilepsy. H. W., a boy, æt. 14, gray eyes, light hair and complexion; of nervo-lymphatic temperament.

Ten years prior had scarlet fever, resulting in renal dropsy; following this, epilepsy set in. Child had four paroxysms before medical aid was summoned, and, after brief treatment, patient improved so much as to be pronounced cured. After the lapse of four years the malady returned, induced this time by fright, caused by punishment at the hands of a school mistress—in fact, a paroxysm came on while the boy was undergoing punishment. He was then sent home, and shortly after his arrival there had another paroxysm, followed by successive daily attacks for a period of four weeks. Was called in March, 1873, to see the case, and observed the following symptoms: fulness and throbbing of the head, with twitching of the muscles (*subsultus tendinum*) particularly of the

face; pupils were dilated; sudden starting and jerking during sleep. *Bellad.*²⁰, one dose per week, with *Sacc. lact.* during the interims, for a period of four weeks. Patient at first seemed to grow worse, the child's mother attributing the change to the medicine. The paroxysms, however, grew less in violence and shorter in duration. The *Bellad.* was ordered to be discontinued, and forthwith the child improved rapidly; up to the present time, Sept., 1873, there was no return. (J. Kimberling, O. M. and S. R., v. 7, No. 5.)

Epilepsy. Miss J., æt. 14, light complexion; tendency to obesity; intellect dull, memory weak, unable to make progress in her studies; very difficult to awake in the morning; appetite for sweets and pastry; face pale, upper lip swelled mornings; has epileptic spasms at night, during sleep since five years old; attacks several months apart; appears to be lapsing into complete imbecility. Abdomen bloated, menses irregular every five months since twelve years old. Took *Calc. carb.*⁶ for a month, when she improved immediately, the second month no medicine, the third and fourth months *Calcar.*, same as before. Recovery was perfect. (W. D. Stillman, M. I., v. 10, p. 104.)

Epilepsy. Girl, æt. 10, since five years; cause unknown. Two or three attacks every week; the patient gets suddenly pale; loses consciousness; the muscles of face and limbs jerk; at last the whole body becomes stiff; she falls down sometimes. *Cupr. met.*⁶, two drops night and morning. Cured. (Bojanus, Hom. Gaz., in St. Petersburg, July, 1872; H. Kl., 1873, p. 24.)

Epilepsy. Following suppression of goitre by *Iodine*. (C. H. Thompson, H. M., Feb., 1873, p. 342.)

Epilepsy. Miss C., rosy, buxom; suddenly fell down in a fit. Unconsciousness with tonic and clonic spasms lasting for ten or fifteen minutes, followed by comatose sleep, lasting thirty hours; deep red face during sleep; headache and constipation for several days with normal appetite. Has attacks every three weeks. R. *Opium*⁹, daily for two weeks. Had but one fit afterwards. Cured. (Translated by S. Lilienthal, H. M., July, 1873, p. 555.)

Epilepsy. Miss —, æt. 15, on first falling asleep, day or night, fits. Waking with a sudden spring, foaming at mouth, and bleeding from bitten tongue; eyes dull and turned upward, lids half closed, head hot, severe opisthotonos; convulsion lasted from ten to thirty minutes; itching of skin without eruption; constipation; indifference; had taken *Coccul.*, *Bellad.*, *Ignat.*, *Nux vom.*, *Sepia*, *Zinc. met.* Relief (temporary) by *Opium*⁶. Later, *Cimic.*¹, *Opium*⁶,

*Opium*¹. Cured by *Opium*¹². (H. E. Spalding, N. E. M. G., May, 1873, p. 208.)

*Sulphur*⁴⁰ cured epileptic fits in two scrofulous children. (Translated by S. Lilienthal, H. M., July, 1873, p. 555.)

Epilepsy. Mr. A., æt. 30, pale, thin; fell ten years ago, striking on occiput, was for ten hours unconscious; a sensation of dullness remained in his head. Three days later had an epileptic attack, which returned at different intervals; an exquisite aura extended from hands through arms to the head, lasting long enough for him to gain his bed, when unconsciousness occurred with clonic spasms beginning in the pale face, radiating over whole body; paroxysms occurred usually at 9 A. M., an hour or two after rising; in twenty minutes consciousness returned, patient slept till 4 P. M., waking with dull headache, sour taste; despairing mood; during the intervals between the attacks, has in A. M. hammering, pressing frontal headache; restless, broken sleep; twitchings in arm and mouth, in cold, windy weather, these cease on going in doors. Epilepsy in his family. R. *Sulphur*³⁰. Cured. (Translated by S. Lilienthal, H. M., July, 1873, p. 554.)

Epilepsy and Hysteria. Falling down unconsciously without any forewarning, with general rigidity, grinding of the teeth, bites her tongue, squinting of the eyes which remain open during the attack, the fit lasting two or three minutes, followed by dejection and dizziness for twenty-four hours; the attacks occurring every eight, fifteen or twenty days. *Tarant.*¹², one dose every five days. Cured. (A. G. Lopez, Madrid.)

Convulsions. A boy, æt. 2½, fleshy, with light hair and complexion and blue eyes; when sleeping subject to scalp sweat, fretful, fever and hot head; was suddenly seized with convulsions with froth at the mouth, eyes rolled up, rolling the head from side to side, and increased heat of the whole head. After the convulsions I found the child screaming fearfully, with dilated pupils, great agitation, with convulsive motions of the limbs, head and trunk. The head was very hot, and the child would grasp at one's clothing in a frightened manner; pulse rapid. *Cicut.*²⁰ soon relieved all the symptoms, and the child slept quietly. The remedy was repeated several times the next day until evening. Then the patient rested well until after midnight, when he awoke feverish with hot head, agitated, with trembling of the limbs and of the lower jaw. Another dose soon removed all these symptoms, and the patient again slept quietly. Once afterward, when similarly

threatened with convulsions, *Cicut.* proved an unfailing remedy. (V. Miller, Trans. N. Y. S., 1872, p. 609.)

Aetiology of Eclamptiform Paroxysms. It is well known, that during pregnancy eclamptiform convulsions may set in without any albuminuria. Schröder reports fifty such cases in his work on midwifery. In two cases which came under my observation, albuminuria was also absent and the patients complained especially about a numb sensation, prickling, at times severe pains and paralytic weakness in the lower extremities. Most authors consider its cause a pressure on the plexus ischiadicus in the pelvis.

Brown-Sequard and *Westphal*, in their experiments on Guinea-pigs showed that epileptiform convulsions could be produced at any time on these animals. By dividing one-half of the spinal cord or one N. ischiadicus, and pinching the face on the same side (irritation of an epileptigonous zone) a paroxysm can be produced, which in all its points is very similar to an epileptic fit.

Other lesions of nerves produce the same effect, as *Billroth* and *Brioud* have shown, and we must therefore look out for such an epileptigonous zone. *Westphal* demonstrated that we must make our experiments for that purpose on different parts of the body. Here we have to inquire, if the sexual organs do not contain such peripheric nervous regions, by the irritation of which the vasomotor and spasmodic centres, already morbidly affected, are put into action. Many accouchers report cases arising through exploration of the uterus. *Hecker* reports a case where eclampsia set in during scarification of the labia majora. I saw one case, where in a woman who never had an epileptic fit, a well characterized epileptic fit set in after an intra-uterine injection. (Compare also, *Hall Davis*, London Obst. Transact. XI., 274.) We see, therefore, no reason why we may not in some cases of eclamptic fits consider such epileptigonous zones existing in the sexual organs, especially in all such cases where *no* albuminuria is present. (Berl. Clin. Wschft., 1872, p. 42; A. O., 1873, p. 202.)

Paralysis Agitans in consequence of Rheumatismus cured by Tarant. Mrs. K., æt. 61, of strong constitution. Menstruation ceased at the age of fifty-two. In 1863 she suffered from severe pains in the left arm, so that she could not put her hands to her head, which left some trembling of the hand, which became aggravated by every mental trouble.

In 1870, a fire broke out in her neighborhood, frightening her

dreadfully, and since then the trembling has increased, and affects now all her extremities. During the siege of Paris she was exposed to all the disagreeable situations incident to the war, and no wonder that her disease increased upon her. The pains became so intense that she could not rest during the night, and the itching and crawling on her left leg obliged her to rise and to walk about during the night. Simple baths aggravated the pains, and the only place where she felt somewhat comfortable was in the fresh air, even during the night. Hospital and private practice exhausted itself in vain to give her relief. Thus she came in my hands to try homœopathy as a last resource. We found intelligence and memory considerably diminished; trembling, pricking and much sensation in the phalanges of the hands and feet, so that she was unable to perform any fine work. Motibility and sensibility unaltered, neither paralysis, anæsthesia nor hyperæsthesia. The head trembled just as the left foot and arm, and a slight tremor could be perceived on the tongue when she opened her mouth. She could only sleep for a few minutes, as the pains woke her up in spite of her sleepiness, and this want of rest told fearfully on her. No appetite, chronic constipation, a stool could only be forced by enemata. Since her menopause she had acne in the face; the ophthalmoscope showed a slight hyperæmia of the retina, and an analysis of the urine only revealed an excess of uric acid, showing itself by rhomboidal crystals.

We gave her for some time *Bellad.*, *Nux vom.*, *Iodium*, *Secal.*, *Crotal.*, without any relief, when further studies led us to *Tarant.*, which we gave in the 12th dil., in water, a tablespoonful every three hours. Under its influence sleep returned to her, gradually the violent trembling diminished, and after a steady treatment for six months, with the same remedy, we could pronounce the patient perfectly cured. (*Cramoisy*, Bulletin de la Soc. H. M. de Paris.)

Facial Paralysis, following suppression of goitre, by *Iodine*. (*D. J. Chaffee*, H. M., Feb., 1873, p. 342.)

M. S., æt. 2. Nov. 13th. Convulsions. *Bellad.* Nov. 23d. No convulsions since, but patient unable to speak, although usually a very noisy child; mouth drawn to left side; cannot protrude her tongue in a straight line. *Glonoin.*³, repeated doses. Dec. 3d. All paralytic symptoms have disappeared. (*A. E. Hawkes*, H. W., v. 8, p. 7.)

Paralysis. Cured by *Bellad.*⁶. A woman, æt. 32, had as a child

fever and ague, and while still perspiring ran into the street and fell into a puddle of water. Had spasms immediately since then, curvature of the spine and paralysis of extremities, with loss of memory. *Bellad.*⁶, three doses at an interval of a week, improved her memory; and can walk about. Her child of six months had also its entire right side paralyzed, which was removed by one dose *Bellad.*¹⁵. (S. H. Higgins, N. A. J. H., v. 22, p. 56.)

Blood.

Latest on Septicæmia in the French Academy. (Eds., N. Y. J. H., Oct., 1873, pp. 403, 409.)

A Case of Septicæmia. (R. D. Hale, B. J. H., 1873, p. 700.)

Zymosis. The latest discoveries concerning fungi. (E. Cooleton, N. Y. J. H., July, 1873, p. 199.)

Purpura Hæmorrhagica. Two cases. Case first. *Arnica*. followed by *Phosphor.*¹. Case second. *Acon.* and *Phosphor.* in alternation. Cured. (J. C. Burnett, H. W., v. 8, p. 39.)

Hæmophily. By Grandidier. (N. A. J. H., v. 21, p. 516.)

Hæmophily. The skin of the babe was of a darker color than usual, and the soles and palms of a deep copper-red. It cried a great deal; the navel looked raw, and bright-red blood was oozing from a fissure on its under side. There were several ecchymoses on the wrists and arms, also from the inner side of the right foot, where a bulla broke. The child gradually grew weaker and died. (S. Swan, N. A. J. H., v. 21, p. 407.)

Dropsy and its Treatment. Report of a discussion on, at Phila. Hom. Med. Soc., Nov., 1873. (R. J. McClatchey, H. M., Dec., 1873, p. 225.)

Scrofula. A child with large scrofulous abscess on each side of the neck, and a large patch of thickly-set pustular eruption extending about four inches in breadth from the hair of the forehead, down over the centre of the face to the chest; sore and painful. Desire to rub and scratch them, but pressure and friction made her cry. Abdomen enlarged, bowels regular, urine dark and copious, no appetite, breath offensive, with much rattling in chest. She was nearly two years old, but could not walk alone; had always been restless, fretful and irritable from birth; could not get to sleep until two o'clock in the morning, then would sleep until five; after a little soothing would sleep until nine. A cold, sticky,

perspiration came out over the whole body while sleeping, and the clothing as the mother described it, "smelt liked spoiled corned-beef." Feet cold and damp. Obscuration of lower part of cornea, so obstructing vision that she would hold her head down when directing her eyes to any object. Conjunctival inflammation and frequent styes; rolling and tossing about of the head. After the use of *Calc. carb.*, *Bellad.*, *Baryt. carb.* and *Ars. jod.*, in various potencies, *Calc. jod.*⁶, a powder four times a day for a week was prescribed. Under this remedy there was shortly a marked improvement in the skin and general condition; the abscess discharged freely, the eruption died away, the eye became clear, the appetite increased, sleep was better and she began to walk alone, and all symptoms disappeared, except rattling in chest and fetor of breath. Gave nothing for a month when an eruption appearing behind ears, *Sepia*⁶, every three hours was prescribed; which removed that, the rattling respiration, and improved the offensive breath. (R. C. Smedley, A. J. H. M. M., v. 6, p. 242, and v. 7, p. 89.)

Carcinosis. By Dr. W. H. Neftel. Malignant tumors are of a local origin. The organs primarily affected by carcinoma, are those exposed to constant mechanical and chemical irritations. The primary carcinoma may remain localized for a longer or shorter period, but afterwards it invariably becomes generalized through the lymphatics and bloodvessels, thus affecting various and distant organs. Heredity can not be denied, but its influence has been greatly exaggerated. As long as carcinoma remains in the stage of a local affection, electrolysis will cure it, but when deposits already exist in internal organs, the disease is incurable. Most carcinomatous patients do not exhibit a cachectic appearance during the earlier stages of the disease; cachectic phenomena develop themselves later, especially from absorption of the products of decomposition of the cancer cells, which, like other excrementitious matter, act deleteriously upon the system. (N. A. J. H., v. 22, p. 65.)

Canine Madness. Dr. E. P. Philpot furnishes the following differential diagnosis on true and spurious "dog madness" to the *British Medical Journal*, under date of March 8th, 1873.

Hydrophobia.

Definition. A fatal form of madness communicable from the lower order of animals to

Distemper.

A form of rabid madness, non-communicable to man; characterized by foaming at the mouth,

man, characterized (as the name denotes) by an intense dread of water.

Synonym. None.

Premonitory Symptoms.

Begin two days beforehand, loss of spirits, loss of appetite, general depression.

General appearance during an attack.

When let alone, the dog lies sullenly, as if "out of sorts," and depressed, notices little, but recognizes his master by wagging his tail. Violently insane only on the approximation of water.

Fits. Absent.

Foams at the lips. Absent.

Water. Sprinkled over or near him, causes violent convulsions.

Thirst. Absent.

Desire for water. Absent on account of dread.

Appearance of eyes. Dull or heavy.

Howling and barking. Absent.

Muscular affections of the throat, causing inability to swallow anything. Absent or not observable.

Causes. None.

impairment of deglutition and a desire to vomit.

Synonym. Rabies.

Premonitory Symptoms.

Loss of appetite and slight huskiness in the throat.

General appearance during an attack.

The dog bites at any of its fellows, gnaws at the bed or wall, eats straw and snaps at his attendant.

Fits. Present in a marked degree in most cases.

Foams at the lips. In most cases very much, and leaves it on the surface of the water, he vainly tries to drink (the foam is caused by vain and futile efforts to drink or swallow).

Water. Has no effect upon the animal.

Thirst. Intense, insatiable.

Desire for water. Very great.

Appearance of eyes. Dull and green in their reflection.

Howling and barking. Present.

Muscular affections of the throat, causing inability to swallow anything. Well marked.

Causes. Inflammatory action internally pervading the system.

Prognosis. Very bad, always fatal, no chance for recovery.

Termination. The symptoms do not vary to any great extent towards the termination.

Pathology. Intense inflammation of the brain, extending to the throat and lungs.

Prophylactic treatment. None. (?) (The interrogation is ours.)

Prognosis. Good or bad according to the severity of the fits.

Termination. A fit.

Pathology. Inflammation of the brain, often extending to the throat, the lungs and the intestines.

Prophylactic treatment. Vaccination is a certain preventive.

Signs of Madness in Dogs. A short time, sometimes two days, after madness has seized a dog, it creates symptoms in the animal which it is indispensable to recognize.

First. There is agitation and restlessness, and the dog turns himself continually in his kennel. If he be at liberty, he goes and comes, and seems to be seeking something; then he remains motionless, as if waiting; then starts, bites the air, as if he would catch a fly, and dashes himself howling and barking against the wall. The voice of his master dissipates these hallucinations; the dog obeys but slowly, with hesitation, as if with regret.

Second. He does not try to bite; he is gentle, even affectionate; and he even eats and drinks, but gnaws his litter, the ends of curtains, the padding of cushions, the coverlets of bed, carpets, etc.

Third. By the movement of his paws about the sides of his open mouth, one might think he was trying to free his throat of a bone.

Fourth. His voice undergoes such a change that it is impossible not to be struck by it.

Fifth. The dog begins to fight with other dogs; this is a decidedly characteristic sign, if the dog be generally peaceful.

Sixth. The three symptoms last mentioned indicate an advanced period of the disease, and that the dog may become dangerous at any moment if immediate measures are not taken. It is best to chain him up at once, or better still, to kill him. (Quoted by B. W. James, H. M., April, 1873, p. 436.)

Hydrophobia has a corresponding disease in men and women. In a man who shuts up the genital organs by over-excitement, imbecility follows, sometimes madness, cruelty or tyranny; he may launch out in the wildest extremes, wholly unlike himself, or se-