Analysis of Eleven Cases of Epilepsy.

P.B.=Potassic bromide; S.B.=Sodic Bromide.

CASES, ETC.	Average number of fits before treatment.	Number of fits after treatment.
No. 1. Male, aged 15; fits since birth	One or two weekly	One every two weeks, as below Two in four weeks Four in three weeks Two in eight weeks
P.B. gr. xv ex aquâ ter d. s.	..	..
S.B. gr. xv vice P.B.	..	..
S.B. gr. xv e decoct. cinch. f. 3j ter die sumend.	..	..
S.B. gr. xx in haustu	..	One in three weeks
No. 2. Male, aged 22; fits for two years. N.B. Patient began treatment in Sept. 1873, and terminated it on December 1st, 1873. (S.B. gr. xv e dec. cinch. pall. f. 3j ter die s.)	One in two weeks	One in five months. The fit was subsequent to the cessation of treatment
No. 3. Male, aged 25; fits for one year	One or more in the week; occasionally, many in one day	About one in four wks, as below
S.B. gr. ij ex aquâ t. d. s.	..	One in one week
Rep. haustus c S.B. gr. v vice gr. ij	..	One in six weeks
S.B. gr. xx e dec. cinch. p. f. 3j ter die sumend.	..	One in seven weeks
S.B. gr. xxv ut antea	..	None in three weeks
Rep. haustus c P.B. gr. x	..	One in two weeks
Rep. haustus c P.B. gr. xx	..	One in one week
Ditto c P.B. gr. xxv	..	One in one week
Ditto c P.B. gr. xxx	..	One in one week
Ditto c P.B. gr. xl	..	One in one week
S.B. gr. xx (vice P.B.) c dec. cinch. pall. f. 3j ter die s.	..	None in eight weeks
No. 4. Female, aged 2 yrs; fits for 18 months	One or two weekly; sometimes three in one day	None for two months
S.B. gr. ij c dec. cinch. pall. f. 3j ter die sumend.	..	..
No. 5. Female, aged 19; fits for one year	One every week	One in five weeks, as below One strong fit in the wk None in four weeks
S.B. gr. xx e dec. cinch. pall. t. d. s.	..	..
Rep. haustus c S.B. gr. xxx	..	..
No. 6. Male, aged 18; fits for 5 yrs.	Four in the week, occasionally	None for the five weeks under observation
S.B. gr. xv. ex aq. ter die s.	..	..
No. 7. Female, aged 11; fits for five years	Two or three in the week	One in five weeks, as below One slight fit in the week
S.B. gr. xv e dec. cinch. pall. f. 3ss ter die sumend.	..	..
Rep. haustus c S.B. gr. xx	..	None in the week; drowsy
S.B. gr. xv c liq. ammon. acet. f. 3j ex aquâ ter die sum.	..	None in three weeks
No. 8. Female, aged 17; fits since last Christmas	Several weekly; sometimes four or five daily	None for the one month under observation.
S.B. gr. xv ex aquâ ter die sum.	..	..
No. 9. Male, aged 20; fits for 18 yrs.	Two or three weekly	Six in 6 weeks, as below One in the week
S.B. gr. xv e dec. cinch. pall. f. 3j ter die sum.	..	..
Rep. haustus c S.B. gr. xx	..	Two in one week
Ditto c S.B. gr. xxx	..	Three in one week
Ditto c S.B. gr. xl	..	No fits for two weeks
tinct. cannabis Ind. m. xv.	..	..
No. 10. Male, aged 13; fits for 2 yrs.	About three weekly	Five in five weeks, as below One in three weeks
S.B. gr. xv e dec. cinch. p. f. 3j ter die sum.	..	..
Rep. haustus c S.B. gr. xx	..	Three in one week
Ditto c S.B. gr. xxv	..	One in one week; feels better
No. 11. Male, aged 25; fits for 11 yrs	About one every two weeks	One since commencement of treatment 5 weeks previously
S.B. gr. xx c sodæ bicarb. gr. xx et acidi tart. gr. xviii in aquæ f. 3j ter die sumend.	..	..

CASE XI.—An ex-police constable, aged 25, had been subject to fits about once a fortnight for the last eleven years. This patient was jaundiced when he first came under treatment. There was a premonitory impediment of the speech before a fit. His general health was good. Considerable relief was experienced by the administration of sodium salt in this case, although the man's history somewhat precluded the hopes of permanent benefit.

THE TREATMENT OF BOILS AND CARBUNCLES.*

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THE object of the present paper is once again to call attention to the subject of boils and carbuncles and their treatment. This I have already done in 1869 and 1874; but, as I have reason to believe that the treatment which I advocate is by no means generally adopted, and as every fresh case of the disease confirms me more and more in my conviction of its efficacy, I have thought it worthy of being again mentioned at such a gathering as this.

I think the usual treatment of boils and carbuncles, as set forth in works of medicine and surgery, may be briefly described as this. If seen within the first day or two of its appearance, we are told either to divide the pimple across, or to apply nitrate of silver to its apex; after this, we are told to poultice it, to apply cold compresses, or merely to use pressure; and, when the mass has grown large and tense, either to let it run its natural course, or to divide some portion, or the whole, of it by incisions, or by caustic, and again to poultice, and so on.

In 1866, the late Mr. Startin wrote in the columns of the JOURNAL of this Association that he regarded "boils and carbuncles as having frequently or constantly a parasitic origin"—this opinion being grounded upon the success of his special practice, upon the fact of his having once or twice found cryptogamic vegetation in them like that of sycosis, and upon the observed fact that boils are occasionally propagated to other parts of an affected person, or even to other individuals by very close contact. But he said: "My opinion of the parasitic nature of these complaints is chiefly influenced by the rapidly curative effect of the application of parasitocides to the apex of the boil or carbuncle." These parasitocides were various forms of caustic, such as iodine, nitrate of silver, caustic potash, chloride of zinc, blistering liquids, and mineral acids, but the one which, for various reasons, he preferred to all others was the acid nitrate of mercury.

In my own practice, I have found these views of the parasitic nature of those diseases, as shown by the efficiency of destructive caustics, to be fully confirmed; but I believe that I have greatly improved upon Mr. Startin's practice, and that I have discovered that in carbolic acid we have an agent which is not only more safe, more manageable, and more universally applicable, but one which seems to be specifically destructive to the life and progress of both boils and carbuncles.

Boils are not uncommon, but carbuncles only occur in one's practice occasionally; but I may say that, in the several examples of carbuncle which have occurred to me recently, and in all the cases of boil, the carbolic acid has never failed—when properly and sufficiently applied—to arrest their growth and to abort them at once, if in an early stage; and to check their spread and prevent further extension in a later stage.

I believe it to be general experience that the pimple in which a boil begins its life and career may be destroyed by any common caustic, if thoroughly applied. I venture to assert also that a carbuncle, even when very considerably advanced and of very considerable size, may in like manner be destroyed by the free application of carbolic acid to its centre and other parts.

The essentials for its proper action, so far as my experience has gone, appear to be these.

1. The acid must be applied in *strong* solution (four or five parts of acid to one of glycerine is the strength I employ).

2. It must be brought into contact with the diseased tissue, for it appears to exert no influence on or through the unbroken skin. To this end, if sufficient opening do not exist when the case is first seen, a proper one must be fearlessly made in the very centre of the disease by some appropriate caustic, and, perhaps, the acid nitrate of mercury effects this better and with less discomfort than any other.

3. The acid solution must be occasionally reapplied to, and into, the hole thus formed, or those already existing, and I have found it a good plan to keep a piece of lint wet with a weaker solution constantly over the sore.

Take the following example which has occurred to me within the last two or three weeks.

A lady, aged 40, showed me a boil on the left buttock, of six days' duration. It was circular with a diameter of four inches; was red and angry looking; tender, hard at its base, and rapidly increasing. To

* Read at the combined meeting of the Cambridge and Huntingdon, East Anglian, and South Midland Branches, at Cambridge.

the prominent point in its centre I freely applied acid nitrate of mercury over a space about one-third of an inch in diameter. Next morning, I removed the scab which had formed, and freely passed the strong carbolic solution into the little opening formed in the mass as well as I could with a quill pen charged with the liquid (and I may say that I find this a very convenient instrument for the purpose). At this time the swelling had increased considerably in size, was more tender and inflamed and painful, and was threatening to be a very formidable case of the disease. Now, mark the effect of the treatment. The acid was freely applied twice more, during the day, and the very next morning on my visit, it presented the appearance of having suddenly collapsed. It had shrunk greatly in size, was flabby, and far less painful, and its vitality was plainly destroyed. In four or five days, nothing remained but a little hardness about its base, and it rapidly got quite well. No core was ever discharged, and no pus appeared after the first application of the carbolic acid.

Now, to what does such a history as this point (and I could give several such histories did time permit)? I think it says, as plainly as possible, that whatever the predisposing causes of boil or carbuncle may be, the disease itself is essentially a local one; that it is a disease parasitic in the skin or its sebaceous glands, and that it begins with a central portion or stem, from and around which, as a root, the rest of the mass grows and extends. The spreading fungus-circles common in our meadows, and known as fairy rings, give us an excellent illustration of the type of growth; and I think that the singular and constant effect of the destruction of the central portion in the way I describe, proves (as Mr. Startin thought) that which it is so difficult to demonstrate with the microscope.

I do not say that, when a huge carbuncle with its enormous growth into, and infiltration of surrounding cellular tissue has taken place, carbolic acid or anything else can be relied on absolutely and at once to stop its progress. It will probably then to some extent run through the stages of its life-history, but I believe that this is entirely because destruction of its centre is no longer the destruction of the life of the circumference, and because of the difficulty or impossibility of bringing the acid into contact with enough of the diseased mass. But even in a case or two of very large carbuncles, which I have seen for the first time in their later stages, and where the acid has been freely and assiduously passed into every hole which existed, I have been greatly satisfied with the apparent effect of the acid; and certain it is that, *wherever it touches* diseased tissue, all sloughing and suppuration at once there cease, no further extension of disease takes place, and a most striking change from dirty slough to florid granulation occurs in the course of a very few hours. So much have I been struck with this, that I propose, when the opportunity of a large developed carbuncle offers, to inject a watery solution of the acid into various parts of the diseased mass, in the hope of thus completely destroying it even at this stage.

To sum up, the doctrines implied and acted upon in this paper are:

1. That boils and carbuncles are not mere inflammations and sloughings of cellular tissue, but specific diseases.
2. That they are parasitic, and, as such, endowed with a definite life and history.
3. That, in their early stages, they may be infallibly destroyed and aborted by destruction of their central stem or root; and that, even after this stage has passed, they may generally be destroyed, and in all cases, at the very least, greatly modified, by the free application of carbolic acid.
4. That, to produce this result, the acid must be freely introduced into the central portion of the disease, and also into any other part where an opening exists or is formed artificially.

Until lately I had been in the habit of using a much weaker solution of the carbolic acid in oil or glycerine than I have spoken of above; but I now find that, when used in small quantities, the stronger solution is quite safe and very slightly irritating, whilst its destructive power is, of course, much greater. Where, therefore, it is only intended to insert a small quantity into the mass, I advise that it should be of full strength; but where it is to be used more freely, or over a large surface, I only employ it much more dilute. The only constitutional effect I have ever witnessed from its free external application is the well-known blackening of the urine, and this has never appeared to produce the slightest evil result.

PRIZES AT APOTHECARIES' HALL.—The successful candidates for the botanical prizes of the Apothecaries' Society for 1876 were: 1. Richard Bredin, Liverpool School of Medicine, a Gold Medal; 2. Herbert Alfred Hill Fenton, St. Thomas's Hospital, a Silver Medal and a Book.

ECLAMPSIA IN A CASE OF DIPSO MANIA.

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CASES of convulsions in the pregnant, parturient, or puerperal state, are not unfrequently encountered by the physician-accoucheur; but their great rarity in asylum practice induces me to refer to the following as instructive, interesting as being associated with dipsomania, and typical of a disorder that is apt to become frightful in its manifestations, and, in the absence of judicious treatment, fatal in its results.

M. H. C., a robust married lady, thirty-six years of age, and the mother of three children, was admitted as a voluntary patient into the Crichton Royal Institution, in January of the present year. Her mental peculiarity consisted in a "great liking" for spirits, in which she had more or less recklessly indulged for some four years. On admission, her husband informed us that she was *enccinte*, that he expected her confinement about the end of April, and that he would remove her before her accouchement. The restrictions of asylum life, and probably also the withdrawal of her favourite indulgence, caused her, at first, much unhappiness. Time, however, made her contented, and the amusements and amenities of the asylum, cheerful and happy. Her gentle and amiable disposition endeared her to the other patients, who, whatever be their mental capacity, can always appreciate kindness. She became industrious and affable, and never assumed the querulous and dissatisfied demeanour characteristic of many dipsomaniacs. Her behaviour in every way was rational and circumspect. She enjoyed excellent health, until one evening an excited patient scolded her, and insinuated something unpleasant about her condition. This grieved her greatly. The following night she was wakeful, and in dread of some indefinable, but anticipated calamity. In the morning, she complained of headache, dizziness, impaired vision, and great general malaise. After partaking of some breakfast, she rallied somewhat, and got up with no very marked symptoms of approaching serious illness. Presently, one of the patients informed the attendant, who was in another part of the gallery at the time, that Mrs. C. had fallen into the fire. The attendant rushed in, and found her, *she thought*, burnt to a cinder. In the utmost consternation, she ran for the medical superintendent, who lost no time in seeing the patient, and devising means for her safety. He found her clonically convulsed, with purple congested face and hands, embarrassed inspiration, stertorous expiration, and a bloody froth issuing from her mouth; rapid and feeble pulse, and entire loss of sensibility; with the dorsum of her right hand severely burned, and her cheek cut by contact with the fender in her unconscious fall. She was removed to bed, and no sooner was the fit over, than others, to the number of five, followed in close succession, their severity being such as to cause great and immediate danger to her life. To prevent their recurrence, chloroform inhalations were decided upon, and continued uninterruptedly for eight hours, during which time thirteen ounces were administered, with the result that the convulsions were lessened in number and severity. Some embarrassment of the respiration and circulation contraindicated the continued use of the chloroform, and it was deemed advisable to stop its administration for a time. Before the patient was fairly awake, however, the fits recurred; and inhalation was again cautiously resorted to, and continued for four consecutive hours—six ounces having this time been administered, with the same influence over the number and severity of the convulsions. It now became, from the state of the respiration and pulse, highly dangerous to continue the anæsthesia, and chloral injections of twenty grains every hour till sleep was induced, were substituted. Three of these injections were sufficient to produce the desired effect, and the patient slept soundly for six hours. On awaking, she stared wildly about, and repeatedly exclaimed "Oh my head, my head!" The bowels and bladder moved, and she again lapsed into slumber, which continued unbroken for seven hours. The urine passed had a smoky and turbid appearance, and, on the addition of heat and nitric acid, was found to contain about a fourth of albumen. No tube-casts were detected.

Vomiting of a dark, dirty, and fetid matter mixed with bile took place at intervals, while paralysis of the bladder likewise showed itself, and necessitated the use of the catheter for two days, at the end of which there was a recurrence of the fits in a milder form, but they again readily yielded to the chloral treatment. Thirty-six hours after this the convulsions again recurred for the fourth time, and again were subdued by the internal use of forty-grain doses of the same hypnotic. Shortly afterwards, prodromic symptoms of labour began to be recognised; these lasted for two days, when true uterine contractions commenced, and in five hours, expelled breech foremost, a well developed male foetus, which, from the desquamated state of the cuticle and other *post mortem* appearances, must have been dead some days. The