there was an interval of three weeks. No remedies had been of any use. She began to take the extract in April, and continued it until October, with a few intermissions. The fits had become very few, and more like short fainting fits, in which she did not lose her consciousness. In November she went to France, and I learned a fortnight ago that she had had but two of these slight fainting fits since, and six months have elapsed.

Now, neither of these cases can be strictly said to be cured, the fits may return, but yet they are sufficient evidence to justify perseverance in other cases; for epilepsy does not wear itself out, but wears out the brain and the mind.

Through the kindness of the attendant surgeon I had an opportunity last year of trying the extract of cotyledon in five patients who were incarcerated for life in the workhouse, on account of epilepsy; they had been epileptic for 5, 8, 12, 30, and 58 years, and in all, the mind was weakened. I did not persevere more than three months, as the attacks, though fewer, still returned. Subsequent experience having shewn me that much greater perseverance was necessary, I examined the notes of these cases, and found on comparing the difference between the number of fits which the patients had before the use of the extract, and those which occurred during its employment, so striking a diminution as to supply confirmative evidence of its power.

The juice is prepared by bruising the leaves and leaf-stalks in a mortar, and expressing the juice from the bruised mass through a cloth. One teaspoonful twice a day of the juice. I have prescribed five grains of the extract, (which is made by evaporating this juice,) twice a day, and occasionally three times. It may happen that the disease may be much shortened by increasing the dose. This is matter for further trial. With a new remedy I have been cautious.

The cotyledon umbilicus grows very abundantly in Great Britain and Ireland; it is now in full leaf. It grows in Hampshire and Dorsetshire, on road-side banks and on stone walls. It has a thick, fleshy, light-green leaf, almost circular, with its fleshy foot-stalk inserted in the centre of the leaf, so as to give it a shallow cup-like or umbilicated depression. I have heard of it as matlock, in North and South Wales, and at Ilfracombe. Mr. Jones was kind enough to send me a considerable quantity from Jersey. The friends of a lady, (who is now taking it in Dublin,) have found it abundantly near that city, where the poor use it as poulitices. Professor Balfour, of Edinburgh, tells me that he has gathered it in many places on the west coast of Scotland, and near Galway, in Ireland, as well as in England.

I should be very much obliged if any member of our Association, who may try this remedy, would favour me at some future time by sending the particulars of his cases, as I hope, when time has added confirmation to my experience, to communicate more in detail to the Society the results.

I cannot finish this communication without repeating that disappointment will surely follow, if the patient

and the practitioner are not willing to persevere, and unless, besides the assumed specific, each case is not treated for its individual peculiarities. But as epilepsy is an intermittent, with intervals often of six months, a short cure is not to be expected, and no treatment is rational in any case unless strictly individualized.

REMARKS, HISTORICAL AND PRACTICAL, ON DISEASES OF INFANTS.*

BY E. COPEMAN, M.D., NORWICH,
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In 1767 an account of the diseases most incident to children was published by Dr. George Armstrong. It does not appear that the diseases of children were much studied or understood in this country before the publication of Dr. Armstrong's work, for he speaks of hydrocephalus almost as a novelty, and the possibility of its being cured but just ascertained. In his remarks on the diseases of children in general, he ably refutes the opinion, at that time very prevalent, and even now by no means universally discarded, that because infants have not the means of expressing their feelings, or describing their complaints by words, there is nothing to be done for them when ill, owing to the difficulty the physician has to encounter in endeavouring to ascertain the nature of their diseases. It would be out of date now to enlarge upon this subject, the prejudice against the medical treatment of children's diseases is confined almost to old women, and but few of the present race of educated medical practitioners will not acknowledge that, to say nothing of the interest necessarily connected with the power to contribute to the relief of the most helpless and interesting part of creation, there is but little more difficulty in distinguishing and treating the diseases of infancy than those of adult age; indeed, in many respects, there is less. In infancy there is no guile, there are no evil habits to counteract; in infancy disease runs a more natural course, is less biased by the counteracting powers of moral and physical intemperance; in infancy there is more certainty in the action of medicines, less disappointment in their effects, so that if the use of them be properly understood, their beneficial influence may be more safely relied upon. It is true that ignorance renders the treatment of infantile diseases not only difficult but extremely hazardous, but knowledge is power, to the effectual relief of many little sufferers.

Dr. Armstrong considers *inward fits* the most common complaint incident to infants. "The child appears as if asleep, only the eyelids are not quite closed; and if you observe them narrowly, you shall see the eyes frequently twinkle, with the white of them turned up. There is a kind of tremulous motion in the muscles of the face and lips, which produces something like a smile, or sometimes almost the appearance of a laugh. As the disorder increases, the

infant's breath seems now and then to stop for a little, the nose becomes pinched, there is a pale circle about the eyes and mouth, which sometimes changes to livid, and comes and goes by turns; the child starts, especially if you go to stir it, though ever so gently, or if you make any noise near it. Thus disturbed, it sighs, or breaks wind, which gives relief for a little, but presently it relapses into dozing. Sometimes it struggles hard before it can break wind, and seems as if falling into convulsions; but a violent burst of wind from the stomach, or vomiting, or a loud fit of crying, sets all to rights again." He speaks of the dangerous consequences of a frequent repetition of these fits, and for the prevention and cure of the complaint, particularly insists upon the child never being laid down to sleep after taking food, till it breaks wind upwards or downwards two or three times; a gentle puke is to be given if necessary, the child preserved from cold, and kept as dry as possible, the limbs and belly being rubbed frequently, and for a good while together, before the fire. He considers convulsions, in most instances, a symptom, and not a disease, often closing the scene in adults as well as in infants. Of hydrocephalus he appears to have possessed but very imperfect notions, and believed it quite incurable until he became acquainted with a case published by Dr. Dobson, in which recovery was effected by means of calomel carried to ptyalism. This case, another communicated by Hunter, and a third, which occurred in his own practice, he has inserted, in order to exemplify the mode of treatment by calomel, and to represent the possibility of cure.

In 1768 appeared "Observations on the Dropsy of the Brain," by Robert Whytt, M.D., Professor of Medicine in the University of Edinburgh. This was perhaps the first essay published in this country professedly on *hydrocephalus*, and it makes an important era in the history of this serious disease, being still considered one of the best descriptions of the affection. Whytt describes hydrocephalus as "either external or internal; the former has its seat in the cellular substance, between the skin and the pericranium, or between this membrane and the skull; in the latter the water is sometimes collected between the *cranium* and *dura mater*, or between this last and the *pia mater*, but most commonly in the ventricles of the brain, immediately below the corpus callosum; and this is not only the most frequent and fatal species of hydrocephalus, but also that with which medical writers seem to have been least acquainted." The youngest infants are not so subject to this kind (internal) as children of two years and upwards. "Of about twenty patients whom I have seen die of the distemper, one only was under half-a-year old, the rest between two and sixteen." He divides the disease into three stages: "the *first* comes on four, five, or six weeks, and sometimes even longer, before death,—is always attended with some degree of fever, sometimes much, sometimes little, and is more particularly characterized by vomiting once or twice a day, or once in two or three days, headache and aversion to light, the bowels being commonly costive, though sometimes

they have returns of a looseness. The *second* stage is dated from the time the pulse, from being quick but regular, becomes slow and irregular; this sometimes happens about three weeks, often a fortnight, or less, before the death of the patient. The diminished frequency and irregularity of the pulse, the *heat of the skin continuing much the same*, are the chief diagnostic marks of the second stage. When the pulse rises again to a feverish quickness, and becomes regular, the *third* stage may be said to begin; and this change in the pulse is observed five, six, or seven days before death. In this stage the patient who, before, was little disposed to sleep, becomes drowsy and comatose, one eyelid, and afterwards the other, become paralytic, the pupils are inactive; the patients are sometimes observed to be constantly raising one of their hands to their head, and are generally troubled with convulsions of the muscles of the arms, legs, or face, as well as with a *subsultus tendinum*. Those who have been costive before often become loose in the third stage, and complain of gripes."

In ten cases examined by Whytt after death he found a clear thin fluid, generally from two to five ounces, in the ventricles of the brain, but never met with water between the *dura mater* and the brain, between the hemispheres, or immediately above the corpus callosum. The fluid did not coagulate by heat.

In the treatment of hydrocephalus Dr. Whytt employed repeated purgative doses of rhubarb and jalap, with calomel, and blisters, but he frankly confesses that he had never had the luck to cure a patient who had those symptoms which with certainty denote this disease.

In the fourth volume of "Medical Observations and Enquiries, by a Society of Physicians in London," there are three papers on hydrocephalus, one by Dr. Fothergill, read August 8, 1768, and two by Dr. William Watson, the respective dates being August, 1768, and April, 1770. From the observations of Dr. Fothergill, it would seem that he had but an obscure notion of the disease, and could with difficulty distinguish it from symptoms supposed to proceed from worms; and as to treatment, he observes—"I must own that it is not in my power to suggest any probable means of curing the disease; it has baffled all my attempts, both when confided in alone, and in consultation with the ablest of the faculty." He describes the disease as seldom occurring in subjects younger than three years, most frequently from five to ten; two or three cases happened from ten to thirteen, and two between seventeen and nineteen years of age. The last four were girls, the former mostly boys, and none of them were peculiarly unhealthy before they were attacked with the disease. Most of them had gone through the small-pox, some the measles likewise; but without any reason to suspect that these had left any foundation for this terrible complaint. Dr. Fothergill differs from Dr. Whytt, with respect to the insidious nature of an attack of hydrocephalus, and says, on the contrary, he has seen children, who, from all appearance, were well, healthy, and active, seized with this distemper, and carried off in about fourteen days.

In Dr. Watson's paper, attention is directed in the first instance to three cases of hydrocephalus; they were all girls; the first six, the second nine, the third fourteen years of age; and they all terminated fatally. "Not only the three cases above mentioned, but several others that have fallen under my notice, have all been fatal; nor has better success attended other physicians both here and elsewhere." The principal feature in Dr. Watson's second paper, which he terms an appendix to the first, is a case which terminated successfully; this was the only instance he had seen of recovery from dropsy of the brain, when, from the attendant symptoms, little doubt remained of the disease being completely formed. It is certainly a remarkable instance of recovery from severe cerebral disease, and exemplifies the remedial power which nature occasionally exercises, even in desperate cases, when not interrupted, but only gently assisted by the interference of art. It teaches us the double lesson,—never to despair, and not to do mischief by overmuch activity.

In the fifth volume of "Medical Commentaries," published 1777, Dr. Percival has given a case of hydrocephalus, in which he thought great good had resulted from the free use of mercurial frictions, by causing absorption of the fluid in the brain, which had produced a manifest tremor at the bregma. His patient, however, died; and in a letter published in the same volume by Dr. Simmons, the latter physician expresses great doubt as to the fluid having been removed by the action of the mercury, and attributes it rather to the several blisters that were applied to the head, and to the application of liven dipped in brandy to the seat of the swelling. It is very probable that both were right, and both wrong, and that the absorption of fluid was the result, not of the local treatment only, but of the conjoint influence of local and constitutional remedies.

In 1779, Dr. Quin published a thesis on internal hydrocephalus, in which he offers a different view of the nature of the disease to that which had before prevailed. The new doctrine propounded by Dr. Quin was to the effect, that the causes of acute hydrocephalus are of a very different nature to those of simple dropsies, (the opinion hitherto entertained,) and are much more closely allied to the causes of acute diseases; and that, in fact, this disease always owes its origin to a morbid accumulation of blood in the vessels of the brain, sometimes proceeding to a degree of inflammation, and generally, but not always, producing an extravasation before death. The opinion which this thesis appears to have originated, that acute hydrocephalus depended upon congestion and inflammation, has had numerous supporters from that time to the present, and has led, as might have been supposed, to the adoption of various degrees of antiphlogistic treatment for its cure.

A few years afterwards, Dr. Michael Underwood published his famous "Treatise on Diseases of Children." The first edition appeared, I believe, in 1784, the fifth in 1805, and the tenth in 1846, edited by Dr. Henry Davies. Other editions have appeared under the superinten-

dence of Drs. Marshall Hall and Merriman; and that recently published by Dr. H. Davies bring up the subjects contained in the treatise to a level with the improvements of the present day. No greater proof of merit in the original work can possibly be accorded; for, from its first appearance to the present time, it has been considered, with the editorial additions and improvements it has at various periods received, a standard authority in this country on the diseases of infants and children. Dr. Underwood was Physician to the British Lying-in Hospital, and from his eminent position in London, enjoyed also ample opportunities of witnessing the diseases of children amongst the highest classes of society. His opportunities for observation were turned to good account by the industrious workings of a powerful mind, and a benevolent desire to promote diffusion of knowledge upon a subject of great interest, but which before his time had not been either widely or successfully investigated. He says, in the preface of his fifth edition, "Prompted by a laudable ambition of being useful in his generation and leaving behind him something beneficial to posterity in the only way he could attempt it, he is persuaded the benefit will not terminate here; but that others will be excited to perfect this long neglected, but most important branch of the profession." How well the anticipations of the author were founded, and how completely they have been fulfilled, are most amply attested both by the future career of his own book, and by the great industry and talent since brought to bear upon the same department of medicine.

Inward fits, a disease much insisted upon by Armstrong, is scarcely noticed by Underwood; indeed, he says he knows no complaint that deserves the name, and considers the symptoms to be merely the effect of a little wind upon the stomach; or, when accompanied with spasm, to be chronic croup, which he always succeeded in removing by the administration of different antispasmodics. Whether or not it be right to acknowledge *inward fits* as a distinct disease, the term does refer to symptoms which it is exceedingly important to observe. It is of great importance for them to be recognized by the mother or nurse; and as the appellation has been familiar to nurses and old women for ages,—and they are extremely tenacious of what is handed down to them by their predecessors,—it is better to give the term a definite meaning, than to abolish it altogether. I was once much struck with an observation of a nursemaid, of no very great experience, about an infant a few days old, who, to all appearance, was perfectly well and healthy. She remarked to the monthly nurse that she had *once or twice* noticed an appearance about the eyes which she thought would turn out to be fits or water in the head. I watched the child very carefully in consequence, but could never, during my visits, nor could the nurse, detect the slightest appearance of disordered health. After awhile, however, the baby suffered from wind and acidity, which were soon removed by suitable remedies; afterwards a mild thrush appeared, but again the child regained its health. It was vaccinated at two months, and passed

well through the disease. Soon after this I lost sight of the infant; it was removed to the sea-side; whilst there was attacked with diarrhoea, a disease then very prevalent, and died, I was told, with symptoms of water in the head. How valuable is the knowledge of any tendency to head affection, in the treatment of diarrhoea, or any other disease in infancy, and consequently, how important for nurses to understand, and be able to communicate to the physician, any symptom, however slight and temporary, that may be calculated to arouse his vigilance or influence his treatment. The above narrative shews that those who are in constant charge of an infant may occasionally notice a suspicious circumstance, which does not present itself to the view of the medical attendant, and from this I deduce an argument in favour of encouraging, amongst nurses and mothers, a knowledge of the symptoms of *inward fits*, instead of banishing it from the catalogue of diseases; not for the sake of enabling them to treat therapeutically, but that they may be competent to give due warning of the necessity for proper medical advice.

At the close of the last century, an "Inquiry into the cause and cure of the Internal Dropsy of the Brain," by Dr. Rush, was published at Philadelphia, and forms one of the papers in the second volume of his "Medical Enquiries and Observations." Having been unsuccessful in all but two cases of internal dropsy of the brain, which came under his care, Dr. Rush was led to entertain doubts of the common theory of the disease, and to suspect that the effusion of water was only the effect of inflammatory disease in the brain. In accordance with this view of the nature of the disease, he resolved to alter his mode of treatment. The first remedy indicated was blood-letting, and he quotes seven cases, which all terminated successfully after free blood-letting, assisted by purgatives and topical applications. "When blood-letting," he remarks, "has failed of curing this disease, I am disposed to ascribe it to its being used less copiously than the disease required; and since I have adopted depleting remedies, I have declined giving mercury altogether, except when combined with some purging medicine," because of the uncertainty of its operation, its frequent inefficacy when it excites a salivation, and above all, its disposition to produce gangrene in the tender jaws of children.

(To be continued.)

COMA RESULTING FROM RETAINED BILIARY SECRETION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Dr. Ranking has published an interesting case in your Journal, (May 3rd, 1848,) showing how coma may be caused by retained biliary secretion. There can be no doubt that the brain may be affected in various and even opposite ways by the same cause. A

few years ago I met with a well-marked case of retention of vitiated bile, in which excessive watchfulness was the most prominent symptom.

On the 16th of January, 1841, I was sent for to see a farm-labourer living in a village about four miles distant from my residence. He was in bed, complaining of general uneasiness, with nausea, constipated bowels, and slight headache; his pulse was about 90, full and soft; there was some heat of the skin, but the forehead was not hotter than any other part of the surface; the tongue was covered with a dirty fur; the eyes had a watchful and rather vacant appearance, and his wife said he had had no sleep for some time; there was no delirium. I looked on the case as one of deranged stomach and bowels, and without paying any attention to this statement about sleeplessness, I gave him an emetic, to be followed by a smart dose of calomel and jalap, and a saline mixture.

I did not see the patient again until the 18th, when I found the symptoms much the same. The nausea had been relieved by the emetic, but the aperient had acted very imperfectly on the bowels. He had never slept. I sent him another powder of calomel and jalap, to be followed by a grain of calomel, and a dose of senna and salts every four hours.

On the 19th I found the bowels had not been acted on at all, so I gave the man an enema, which brought away some scybala, and directed him to persevere with the medicine I had given him the day before. As his wife protested he "had never slept a wink since he had been taken ill," I sent him a grain of muriate of morphia in a draught, to be taken at bed-time.

20th. No sleep. Other symptoms the same. Bowels very slightly moved. Continue aperient mixture and calomel pills. I felt unwilling to give a night-draught again.

23rd Finding that perseverance with alteratives and aperients had made no difference with respect to the *insomnia*, of which both the man and his wife complained bitterly, I sent him two grains of muriate of morphia in a mixture, directing him to take half that night and the remainder the next, and ordered him to continue taking his medicine as before.

On the 24th, I found that, notwithstanding the man had made a mistake, and taken the whole of his sedative mixture at once, he had still been unable to sleep. The bowels still continued very sluggish. I therefore added some Pil. Cambog. Comp. to the calomel pills, and increased the strength of the aperient mixture.

On the 25th, I found him voiding an immense quantity of feculent matter of the exact colour and consistency of tar. The nature of the case was now becoming evident; the uneasy sensations were already somewhat relieved, and as there could now be no doubt as to the propriety of the course I was pursuing, I made him persevere with his medicine.

26th. I found the man going on quite favourably; he had slept pretty well, and felt quite comfortable; the evacuations continued copious, and of the same character as the day before. As that was the case, I thought it expedient that he should not discontinue the