

knows are so constant. If local inflammation, then, is so common, which I think no one will deny, what becomes of "Oliver's" logic?

One other point I wish to refer to, and that is regarding the use of morphine. "Oliver" would "give sufficient morphine to control the delirium and produce an anodyne effect." If he should do this in all cases, I think he would give enough to control the struggling energies of nature, and to render further medication unnecessary. I would not object to a judicious use of opiates in typhoid fever; but their indiscriminate use for the purpose of "controlling" delirium, I believe to be worse than the free and indiscriminate use of quinine. Who does not know that in typhoid fever the nervous system, whatever may be the primary cause, suffers in such a manner as oft times to suspend many of its functions, even where there is ultimate recovery? And what physician has not some time been warned that the large doses of morphine which are necessary to produce sleep in these cases of extreme restlessness and delirium, can only be given at the hazard of procuring a never-ending sleep? I have seen a patient lie for five days and nights without one hour's quiet sleep, all ordinary means failing to accomplish anything in that direction, and yet one week later one fourth of a grain of opium would cause sleep, or one half grain of extract of hyoscyamus, or two grains of assafoetida.

But it is not my purpose now, more than before, to teach practice or attempt it; but believing, as I do, that the practice of medicine is yet more of an art than a science, anything that seems like a routine practice must be looked upon, to say the least, with distrust. And I will say now, as I said before, that it is only by careful observation that we can tell when quinine or any other drug has a really tonic effect.

P. K. G.

Plainfield, Illinois, July 27, 1859.

EPILEPSY SUCCESSFULLY TREATED WITH STRYCHNIA AND NITRATE OF SILVER.

[Communicated for the Boston Medical and Surgical Journal.]

APRIL 1st, 1859, was called to see Miss —, a strong, plethoric girl of 15 years; had enjoyed perfect health until about the first of January last, when she commenced having what her mother called "nervous spells," which consisted in slight spasmodic movements of the muscles of the face and upper extremities. These attacks, at first, were so slight as to be scarcely noticeable, but gradually increased in severity until they amounted to fully-formed convulsive and comatose paroxysms. Patient has a brother, 22 years of age, who has been afflicted with epilepsy ever since the age of 14. The disease has already produced, in him, a state of

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almost complete imbecility. Could discover no other reason for supposing the disease to be hereditary. Miss C. commenced menstruating when 13 years of age; has been perfectly "regular" ever since. Could discover no uterine derangement. Found some tenderness in the region of the dorsal vertebrae, but not at all marked. The convulsions came on without any regularity as to the duration of the intervals; patient sometimes having two attacks in a day, and then going over one day without having any. The convulsions lasted from five to ten minutes; face flushed, but no distortion of the features; pulse full and frequent. As the convulsions passed off, the muscles became *perfectly relaxed*, and patient fell into a profound slumber. When first called to the patient, I prescribed nitrate of silver and sulphate of zinc. This course was pursued for about ten days, without any apparent benefit arising from it. I then added ext. stramonium to my former prescription. This seemed, *at first*, to control the disease somewhat, but lost all its influence after the system became accustomed to it, although the dose was gradually increased. This course was pursued for about three weeks, when, becoming convinced that this would not answer the requirement of the case, I adopted the following prescription:—R. Ext. stramonii and ext. conii, aa gr. xv.; strychniæ, gr. ij.; argent. nitros., ʒij. M. Fiat. pil. xxx. Of these pills I gave three a day. This course I pursued perseveringly, gradually increasing the amount of strychnia and nitrate of silver, until I found the disease perceptibly giving way. I now consider the disease cured, the patient having had only two convulsions during the last five weeks, and these being very slight, occurring in the night, while the patient was asleep.

S. N. PIERCE, M.D.

Cedar Falls, Iowa, July 27th, 1859.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Protrusion of the Eyes in connection with Anæmia, Palpitation and Goitre. At a former meeting of the Society, July 12th, 1858, Dr. H. J. BIGELOW exhibited a daguerreotype of a patient presenting the above symptoms; to which the attention of the Society had not been previously called. He read from a paper of Mr. W. W. Cooper, with the above title, published in the *Lancet* of May 26th, 1849, some account of this curious affection, then first noticed in detail, but afterward observed elsewhere. The cases there published were similar to the present one. The accompanying cut is a tolerable representation of the daguerreotype exhibited.

A young lady of 21 noticed a moderate enlargement of the thyroid gland in the spring of 1858. The prominence of her eyeballs had excited some remark six months before that date, but she did not herself