

He died nine months after the trouble in his head began, and four after the ear began to discharge. Before he died he left a request that I should open his head and show his friends that he "did not die of imagination."

The autopsy which was performed the next day.

On raising the calvaria the membranes over the right ear were found thickened, softened, covered with purulent matter, and detached from the petrous portion of the temporal, which was dark and its cavities filled with pus. The middle lobe of the cerebrum was softened in nearly its whole extent. Just above the petrous portion there was an abscess the size of a very large hen's egg, having a sac quite the sixteenth of an inch thick. Dividing through the bones, the cells were filled with pus down into the mastoid process, and there was no doubt that the matter discharged from the ear came from as high up as the dura mater. It would seem that nature here sought to remedy the mischief first by incapsulating the pus within the membranes, and secondly by allowing that which formed without to seek an external outlet through the canals of the bones and the ear, there being no observed communication between the interior of the sac and the ear. Here, then, is a case of undoubted cerebral disease for months prior to any trouble with the ear. Though there was an attack of measles preceding the discharge from the ear, there seems no evident connection between the measles and the discharge. If, therefore, the disease in the ear did not originate in the head, it must have occurred as a concomitant, destroying the vitality of the bones above the ear, and communicating with the membranes just at the time when the inflammation within had resulted in breaking down a large mass of the brain and encysting it within. The natural and likely conclusion is that the disease was primarily of the encephalon and secondarily of the ear, and that the latter was consequent to the former.

RESULT OF THE BROWN-SÉQUARD TREATMENT IN TWELVE CASES OF EPILEPSY.

BY JAMES B. AYER, M. D.

NINE of the cases tabulated upon page 746 have occurred in the private practice of Dr. James Ayer; two have occurred in my own private practice; the remaining patient has taken upon herself the full responsibility of treatment.

All cases are recorded in which systematic treatment has been followed.

The following prescription (occasionally slightly modified) has been used in each case:—

R̄ Sodii bromidi	
Iodidi bromidi	
Ammonii bromidi	āā 3 iij.
Potassii iodidi	
Ammonii iodidi	āā 3 iss.
Ammoniae sesquicarb.	3 i.
Tinct. calumbæ	f3 iss.
Aquæ destillat.	ad f3 viij. M.

Full dose : one and a half drachms before each meal, and three drachms at bedtime.

Patients were informed at the outset that regular treatment would continue two years, at the end of which time the dose would be left, in a measure, to their discretion, full treatment, except for averting threatened attacks, being no longer advisable.

Six of the patients took, during more than half the treatment drachm doses of the following mixture after each meal :—

R̄ Strychniæ sulph.	gr. i.
Acidi sulphurici dil.	℥x.
Aquæ destillat.	3 iv. M.

To others strychnia was given in smaller doses and for a shorter period.

In all cases the diet was carefully regulated ; coffee and tea allowed in moderation ; alcohol and tobacco prohibited as far as possible.

Healthy mental occupation and amusements, out-of-door exercise, and regular hours of sleep were insisted on, while everything of an exciting character was forbidden.

Results. — In four cases very satisfactory : reduced to a single attack in forty-six months, thirty-one months, twenty-two months, and sixteen months respectively.

In five cases number and severity of attacks both diminished.

In one case severity diminished, number unchanged.

In two cases no change in number or severity.

In eleven cases there has been *marked* improvement in general health and mental condition.

In one case there has been a *slight* improvement.

Over-exertion and carelessness were frequent causes of attacks occurring in patients under treatment. The attack noted in Case III. was attributed to excitement in connection with a fair. In Cases I. and IV. the attacks were caused by smoking. In Case IX. the death of the patient's mother was the exciting cause.

Other occasional attacks could be traced to exposure to the sun, to indigestible food, or to constipation.

An extra dose of the mixture taken at the appearance of the first premonitory symptom very often succeeded in averting a threatened attack.

Considering the length of treatment and the large doses taken it is

	Case.	Condition before Treatment.	Treatment: 3 viiss. = full dose: sixty-three grains bromides, twenty-one grains iodides.	Result.
I.	Male, sixty years.	When a youth had epileptic attacks, from which he recovered. Attacks began July, 1872, and occurred at intervals of a few days up to April, 1873.	April, 1873, to April, 1875, 3 viiss. daily. April, 1875, to November, 1877, occasional doses.	Improved immediately. Only one attack (January, 1876) since January, 1874. Vertigo at rare intervals. General health and mental condition have improved.
II.	Male, sixty-seven years.	Thirty-six years' standing. For several years had averaged one attack in three weeks.	July, 1875, to November, 1877, 3 iij. daily.	Attacks less severe, but number not diminished. Attends to business.
III.	Female, adult.	Thirteen years' standing. During last five years had one attack every two months.	April, 1875, to April, 1877, 3 v. daily (with occasional omission of a dose). April, 1877, to November, 1877, 3 iij. daily (generally).	Only one attack (June, 1877) since treatment commenced. General health is much improved.
IV.	Male, twenty-two years. Cause, overwork while a clerk.	Had averaged one attack each month for two years. Occasional petit mal.	January, 1876, to November, 1877, 3 v. daily.	One attack since treatment commenced. Health improved. Has removed to the country. Is out-of-doors much of the time.
V.	Female, forty years.	Severe attacks, connected with the catamenia, once each month for five years.	January, 1876, to June, 1876, 3 vi. daily. June, 1876, to September, 1876, omitted treatment. September, 1876, to November, 1877, irregular treatment.	Between January, 1876, and June, 1876, three attacks. Since June, 1876, two attacks. Occasional attacks of petit mal.
VI.	Male, eleven years.	In nine months preceding treatment had six full and four incomplete attacks.	April, 1876, to November, 1877, 3 iiss. daily; extra doses every few days, which generally were successful in warding off attacks.	During nineteen months of treatment has had four full and three incomplete attacks. General health improved.
VII.	Male, thirty-five years.	Commenced May, 1869. From May, 1869, to January, 1871, ten attacks; 1871, twelve attacks; 1872, nine; 1873, thirty-eight; 1874, forty; 1875, thirty-four; January to April, 1876, two. Also, petit mal.	April, 1876, to November, 1877, 3 viiss. daily. Omitted two doses.	April, 1876, to January, 1877, seven attacks. January, 1877, to November 1877, three attacks. General health improved.
VIII.	Female, seventeen years. Cause, overstudy.	Attacks at intervals of one to three weeks for several months, with petit mal.	May, 1876, to November, 1877, 3 v. daily.	Very few attacks; none during past six months. General health excellent. Spends much time in travel. When at home studies French and music.
IX.	Female, forty years.	Twenty-one years' standing. At first, every six months, then less frequent, but for last few years have occurred every month in connection with the catamenia. Attacks severe.	July, 1876, to November, 1877, 3 viiss. daily. Omitted four days.	One attack only, August, 1877. General health excellent. Is extremely nervous.
X.	Female, eleven years. Cause, scarlatina?	Several years' standing. Attacks at irregular intervals.	September, 1876, to November, 1877, 3 iv. daily.	Severity of attacks diminished. No diminution in frequency. Has a healthier appearance. Is gaining flesh.
XI.	Male, four years. Cause, imperfect cerebral development.	Intelligence deficient. First attack at age of six months. Of late, ten to fifteen attacks each month.	April, 1877, to November, 1877, 3 iiss. daily for three months; 3 iiss. daily for two months. Omitted for two months.	No diminution in number or severity of attacks. Slight improvement in mental condition and general health.
XII.	Female, twenty-three years.	Petit mal since 1867. In 1876 had one hundred and ninety-five attacks. Full epileptic attacks since September, 1876. In eight months preceding treatment, six full attacks and one hundred and fifty-two attacks of petit mal.	June, 1877, to November, 1877, 3 v. daily.	No full attack during five months of treatment. Twenty-eight attacks of petit mal. General health improved.

very remarkable that the evil effects of iodides and bromides have shown themselves to so slight an extent.

In Case XI. treatment was temporarily suspended on account of acne; this, perhaps, was not necessary, as in Case IV. the eruption was well marked from the beginning of the treatment, which was continued without interruption. In the remaining cases the eruption has proved insignificant.

In some cases increased drowsiness was caused by treatment. One patient slept during the greater part of ninety-six hours. Treatment was recommenced after that time without producing this result. Another, after two years' treatment, found that the night dose began to produce too profound sleep, followed the next day by headache.

The majority of the patients were troubled with dyspepsia and constipation before commencing treatment. Appropriate remedies were prescribed (in connection with the treatment for epilepsy), and in every case marked improvement followed.

In Case I. it should be mentioned that Fowler's solution was contra-indicated. This remedy, which has been recommended in connection with the bromides to diminish the eruption, was given to him on two occasions, in five and three minim doses, for obstinate eczema of the hand.

Both trials were followed by premonitory symptoms of an attack, and the drug was discontinued.

Our patients have not been disturbed and alarmed by the serious effects of bromism so graphically described by recent authors, but on the contrary there is a tendency (which I have reason to believe is rapidly increasing in the community) to underrate the danger attending this treatment and to assume, after obtaining the prescription, the whole responsibility of treatment without consulting a physician.

If these cases remain three or four years longer under observation they will be of value in deciding whether or no this treatment, together with the best of care, can cure epilepsy.

RECENT PROGRESS IN SURGERY.

BY J. COLLINS WARREN, M. D.

Antiseptic Surgery, or the antiseptic system, as Lister prefers to call it, had not gained a foothold in this country previous to his visit, eighteen months ago, to attend the meeting of the International Medical Congress. This assertion is based upon a perusal of the discussion which took place at the meetings of the section on surgery, and the fact that our journals have published but few clinical contributions to the subject. At present, however, it bids fair to come largely into use, and at least Boston and New York¹ have taken the initiation. In

¹ New York Medical Journal, December, 1877.