

Cullerier cites a case which supports this opinion of Ricord. He upholds the unity of the virus, and not only the possibility but the probability of a non-indurated sore infecting the system; but he looks upon the infection as certain when any induration of the chancre exists.\*

Maisonneuve and Montanier teach† that "the syphilitic virus is always one—identical." Although it may show itself as a primary affection under various forms, yet, owing to individual peculiarities, it does not always give rise to constitutional syphilis. They profess that the simple chancre is the necessary commencement of all chancres, and that induration is as much a complication of it as when sloughing or phagedæna occurs; and that none of the different forms of sore can exist unless they "have been preceded for a longer or shorter period by the simple or typical chancre."‡ According to them, the specific induration of the sore and of the lymphatic glands is the evidence of the economy being infected, and this induration constitutes the first of the consecutive symptoms; it is "something distinct from the chancre, although caused by it."

It will thus be seen that these several writers are unanimous in tracing all primary venereal sores to one common origin. They admit the certainty of infection from an indurated chancre, and the possibility from a non-indurated one; but they are not agreed as to whether each form of sore transmits itself in its own species.

(To be continued.)

## EPILEPSY, AND THE ADMINISTRATION OF BROMIDE OF POTASSIUM.

By G. GODDARD ROGERS, M.D.,

PHYSICIAN TO THE WEST LONDON HOSPITAL, AND LATE MEDICAL REGISTRAR TO ST. GEORGE'S HOSPITAL.

A VERY interesting paper on the above subject, from the pen of Dr. M'Donnell, was published in the *Dublin Quarterly Journal* of February last. It fell under my notice in May, when I was about to give a record of considerable success in the treatment of a case where, all other remedies having failed, I had been for a considerable time trying the bromide of potassium. After reading Dr. M'Donnell's observations, I determined to give the medicine a few months' longer trial before venturing to speak with any confidence as to its efficacy. To my own mind it is satisfactory that so long a time elapsed between the publication of Dr. M'Donnell's paper and my perusal of it. I came to the treatment of the patient mentioned below with an unbiased mind, and with a feeling that I had undertaken an almost hopeless task. I was, however, gratified by a measure of success, and strengthened in my belief that good results were to be obtained from bromide of potassium in certain forms of epilepsy, when my attention was directed to the above-mentioned able article. I may just observe that I have given the drug to other epileptic female patients at the hospital with good effect, but the case I now append is the only one I have been able to watch for a prolonged term. Doubtless we are treading on safe ground if, for the present, we adopt Dr. M'Donnell's view, that "each case of epilepsy is in itself a study;" but I trust that ere long so many individual cases will have been observed of epilepsy connected with derangement of the female genital organs, as to enable us to form a group or groups of these affections amenable in a large per-centage to a special remedy, even though we may in the present state of our knowledge only rudely conjecture its mode of action.§ With all deference, I beg leave to suggest that during a certain period—say from January, 1865, to March, inclusive—the various hospital physicians in this metropolis use the bromide of potassium in all cases of epilepsy where there is any reason for regarding uterine disorder as the source of the complaint. If no good result follow, yet no great harm can accrue, and at all events we shall have cleared away an untenable theory.

\* Précis Iconographique des Maladies Vénériennes. 1861.

† Traité Pratique des Maladies Vénériennes. 1853.

‡ Loc. cit., p. 138.

§ Dr. Radcliffe goes further, and says, "I can testify that this remedy (K Br) has proved more or less serviceable in cases the most dissimilar in character;" and then eulogises Sir C. Locock who in 1853 directed attention to the bromide in the treatment of hysterical epilepsy, &c.

There is true wisdom in the remark of M. Pouchet:\* "Every idea *à priori*, every hypothesis, is only good, if we accept it with a strong determination of abandoning it if the facts are no longer explicable by its means. Without this, its influence is disastrous."

CASE I.—R. B——, aged thirty-four, married, with two children, the youngest eleven years old, first came under treatment at the West London Hospital in May, 1861. About six months after marriage she miscarried, and had for three weeks frequent attacks of syncope, followed a few weeks later by a convulsive seizure, during which she lost her consciousness. She does not remember being told afterwards whether she foamed at the mouth or bit her tongue. These attacks were few in number for some years; but she often had "fainting fits" and "sighing fits," during which she "felt lost"—(*petit mal*?)

In the early part of 1861 the fits recurred more frequently; so that she was obliged to give up her employment as occasional nurse. Feeling low-spirited, and despairing of aiding her family, she came to the hospital. She was rather below the middle height, of florid complexion, with a wild staring expression, and very excitable manner. The heart's action was somewhat feeble, the breathing tranquil, and the bowels apt to be somewhat relaxed. Pressure of the crowd in the waiting-room, or the anxious struggle to be amongst the first served with medicine after seeing the physician, would sometimes bring on a seizure. One I particularly remember was most violent, and lasted a long time. Although the true fits, or, as she always termed them, the "struggling fits," were principally confined to the pre-menstrual or post-menstrual epochs, yet they occasionally followed coition, as I learned from the husband, who, by the way, has been a noted pedestrian in sporting circles during the past twelve years.

I first gave turpentine and castor-oil draughts; but no worms were dislodged. Bichloride of mercury with bark was next tried; and remembering that valerian had been mentioned by some authorities as putting in a claim for approval, I tried it in many forms—infusion, ammoniated tincture, valerianate of iron, of zinc, and of quinine. Dr. Duncan Gibb, who was about that time my colleague, had been giving the bromide of ammonium to allay irritability and decrease sensibility of the larynx and pharynx prior to using the laryngoscope. Thinking the same drug might act beneficially on the mucous lining of the uterine organs, I administered it freely to my patient; but with no good effect. The same was the case with iodide of potassium; and I then accidentally refreshed my memory by reading Sir C. Locock's paper on the bromide. •

From the 21st November, 1862, to the 3rd December, R. B—— took bromide of potassium in four-grain doses three times a day, with compound tincture of valerian. Between these dates she had two fits of a mild character. The medicine was intermitted until the 9th, when she came in great distress, saying that she was suffering from severe flooding, and had had several violent fits, on one occasion nearly falling into the fire. She was ordered to resume the medicine.

Jan 2nd, 1863.—To leave off the tincture of valerian, and take ten grains of the bromide in water three times a day.

8th.—Two severe attacks.

16th.—No seizure since last entry.

She now took quinine and ammonia up to March 6th. The seizures were very frequent during a portion of this time, and she suffered severely from menorrhagia.

From the 13th March to the 12th May she took ten grains of the bromide three times a day, and much improved. In fact, she relied solely on the medicine, and declared that the fits would return directly she left it off. To test this statement, during the latter half of July I merely prescribed a placebo of aromatic water; but so great was her distress that she implored me to allow her to resume the original medicine, and during August and September she took fifteen grains of the bromide three times a day. I afterwards increased the dose to a scruple. Beyond this dose I never found occasion to go with the patient, and, from my experience in other cases with larger doses, I am compelled to differ from Dr. M'Donnell when he says that ten grains three times a day is "too small a dose to develop any good result."

In January, 1864, I discharged my patient, she not having experienced a severe fit, or one of the *petit mal* description, for more than three months. She resumed her former work of nursing, and I saw nothing more of her until the 10th of June last, when she came to me complaining of vertigo and "fulness about the throat," the "choking aura," which was the sure precursor of a seizure at a menstrual period. Two days later

\* Plurality of the Human Race. Translated by Hugh J. C. Bearan, F.R.G.S.

the seizure occurred, but it was of a very mild type. I kept her on scruple doses of the bromide up to the 15th July, seeing her during this time on six occasions. She remained quite free from attacks up to the time of her dismissal in July, and on the 3rd November I heard that her good health had been uninterrupted. I do not mean to say that she is cured; but in 1861 and 1862 her life was a burden in consequence of frequent attacks, and from these she has enjoyed an immunity for three, four, or five months.

Systematic writers on *materia medica* have dwelt much on the anaphrodisiac influence of bromide of potassium. I do not think its beneficial influence is to be looked for in a simple lowering of the sexual power. When that power is unduly drawn upon, a degree of irritation is produced which the bromide may calm. But in the case above related, I had the fullest opportunities of learning from the husband that there never had been any diminution in his wife's *empressement*. And to arrive at greater certainty, the husband coming under my care for some trivial ailment during his wife's attendance at the hospital, I took the opportunity of administering the bromide of potassium to him in fifteen and twenty grain doses three times a day. The information supplied after the lapse of a month satisfied me that here, at all events, the depressing property of the drug was *nil*. Where there is irritation and frequent priapism, the result of onanism or venereal excess, and where there is every reason to conjecture that such irritation is at the bottom of the epileptic seizures, then the bromide of potassium is, I think, of service. Dr. McDonnell has promised us some further observations which it is probable will throw still more light on this important subject.

As confirmatory of the conjecture hazarded above respecting epilepsy in the male subject, I add a few notes of an hospital case which will bring this paper to an end.

CASE 2.—E. B—, aged sixteen, came to the West London Hospital in June last. His appearance is heavy, he complains of loss of memory, is partially deaf, and the pupils are much dilated. At twelve years of age, when working in a gun-factory, he contracted bad habits, which he has continued to indulge up to the present time. Sometimes he has practised self-abuse three and four times a day. The bowels are costive, and there is a feeling of weight at the vertex. Before he was thirteen years of age he had several fits, which his friends describe to me as most severe, his struggles being extremely violent, and his tongue often bitten through. There was an intermission of eighteen months, followed by a fresh series of fits; and he then went to Salisbury Infirmary. The change of air and the medical treatment effected but little good; and when he returned to London he had "twitchings of the face," and fits almost every day. In June and July he was under my care, and I gave him the bromide three times a day in doses gradually increased to twenty-five grains. The attacks gradually became less frequent, and he was entirely free from them all through August. On the 2nd of September his friends brought him again, as he had suffered from a slight fit during the night. I resumed the bromide; and, after taking it a fortnight, he felt better, and had no "twitchings" and no sign of a fit. Up to the present date (Nov. 21st) this lad has had no further seizures; and I think it reasonable to regard his improvement as due to the influence of the drug, coupled with obedience to my enjoining a strict abstinence from vicious habits.

Grosvenor-street, Grosvenor-square, Dec. 1864.

## TWO CASES OF STONE IN THE BLADDER WHERE THE LITHOTRITE-SCOOP WAS SUCCESSFULLY USED.

By HENRY SMITH, F.R.C.S.,

ASSISTANT-SURGEON TO KING'S COLLEGE HOSPITAL.

In his late lecture at the College of Surgeons on Lithotomy and Lithotrity, my old teacher and present colleague, Professor Fergusson, was good enough to refer to a case of mine which in a remarkable degree illustrated the value of the practice the lecturer was inculcating—viz., the extraction of the fragments after the operation of lithotrity, in a paralysed bladder especially. This reference was of necessity only brief, but it was sufficiently marked to show the extreme interest and value of the case; and as I believe there is no record of any instance

where such large fragments were extracted, I think it right to publish the details of it; and as another case has very recently been under my care which illustrates in a more remarkable degree, perhaps, the value of the practice which Mr. Fergusson has done so much to perfect, I shall put the two together.

I was requested in September, 1862, by my friend Dr. Cross, of Spring-gardens, to see Mr. S—, aged seventy-two, who had been suffering for about eighteen months with a bladder complaint, for which he had been under the treatment of various practitioners. The symptoms had all along denoted considerable irritation of the organ, but during the eight months preceding my attendance he had completely lost the power of expelling his urine, consequently he was obliged to have the bladder emptied regularly with the catheter. Fortunately, he had of late been able to pass a catheter for himself. It does not appear that either of the gentlemen who had been in the habit of passing an instrument for him had diagnosed the existence of stone. Dr. Cross, however, who had not examined him, at once suspected the presence of a calculus.

On examining him, I found he was a healthy, hale old man, with the exception of his local symptoms, which were very severe. He drew off by the catheter a quantity of offensive and muco-purulent urine, showing that the bladder was in a state of inflammation. He suffered from great pain and restlessness. On local examination, I found he had a large and healthy urethra, but a hard and enlarged prostate; and on introducing a sound I at once struck a large, hard stone. Thus was indicated the source of his prolonged sufferings. I ordered some local and general measures to allay the irritation and prepare the patient, and during this interval of a few days I carefully considered the nature of the operation I should adopt.

Lithotomy was first discussed, as it seemed to be indicated by the paralysed condition of the bladder and the size of the stone; but to this the patient strongly objected, and I must confess that his age appeared to be an obstacle to the success of the cutting operation. Lithotrity then was the only resource; but the size of the stone, the paralysed condition of the bladder, and the state of the prostate, offered grave objections to this practice. On the other hand, the large size of the urethra and its freedom from irritability were favourable circumstances. Hesitating as to what could be done, I got Mr. Fergusson's advice, and, after seeing this patient, he carefully considered the matter with me, and recommended me to crush the stone, and then to do the best I could by removing the fragments with the scoop.

On the 4th of October I introduced a large lithotrite and broke the stone. This operation was followed by great relief to the symptoms, and by washing out the bladder daily I managed to get rid of a quantity of small fragments, and one of large size was extracted in this way, it having become impacted in the eye of the catheter, and thus it was pulled out.

After the lapse of a few days, I repeated the process of lithotrity, breaking up large fragments into smaller pieces, but purposely avoiding anything like minutely dividing or pulverizing them; and, having again well washed out the bladder on several occasions, so as to get rid of all small pieces, I began the process of picking out the larger portions with the small lithotrite-scoop, and succeeded in extracting several fragments of great size. In consequence of the large size and insensibility of the urethra, very little disturbance was produced by these extractions, but they necessarily lasted over a long period, as I could not repeat them very often. At the end of November I had extracted six large fragments of lithic acid calculus, varying from the size of a large bean to that of a hazel nut.

On Nov. 30th I had the first mishap with the patient. I got hold of a very large rugged fragment, and found it too large to come through the orifice of the bladder. I therefore dropped the stone, and catching it in another axis, got it out of the bladder into the urethra; but, unluckily, the instrument slipped just as it was passing through the triangular ligament, and there the stone became impacted. I was fortunately able to pass a gum-elastic catheter by the side of the stone every few hours, and thus relieve the bladder. I was, however, called up in the night, and found Mr. S— in great suffering. He had vainly attempted to pass the catheter himself, and during his efforts the bladder had, for the first time for many months, acted spontaneously, and about three ounces of bloody urine were spasmodically expelled. He assured me the stone was driven on towards the orifice, and on examination I found it sticking in the urethra about three inches from the meatus. By means of a long director-scoop I fortunately drew out an immense fragment, of triangular shape, and thus relieved his sufferings.

Curiously enough, there was but little disturbance, local or