De Epilepsia. 1862.

David Murray.
Dissertation on Epilepsy

In our present attempt to bring forwards a few of the more recent investigations which have been made regarding the subject of Epilepsy, we have an intention to enter upon a full investigation, as we believe that but within the last few years, the speculations which have been brought forward by even the most distinguished, have been alike absurd & groundless, at variance with the simplest & least established principles of physiology & pathology. Nor is the method of treatment of this disease open to these grave charges.

The subject of Epilepsy may be said with justice to be the rock on which the physician has made his career baffled. The whole range of the materia medica has been pressed into its service in the treatment of the disease. Remedy after Remedy has been brought forward & ventured, only to be thrown aside & to be supplanted by something else, again to meet with the same fate.
theories from time to time brought forward met with any better fate. Indeed, when one surveys the literature of epilepsy, amid many things that are doublely interesting and instructive, the great mass of what has been written has totally failed to throw any light upon this mysterious disease. Under these circumstances it enters upon a minute and elaborate account of the history, treatment of this malady would be too short to record the lamentable failure of some of the most distinguished ornament of the medical profession. It may not, however, be altogether out of place to commence with a short account of what has recorded regarding it. In the early domains of medicine, it was looked upon as of supernatural origin, it was thought to indicate that the individual was favored of devils; this was the prevalent idea in the days of Hippocrates, eloquently and cogently asserted by Celsus. Combat the demonic origin of the said disease. It can not be
any doubt that the individuals mentioned in Scripture as possessed of devils were simply epileptic maniacs. Of this, there cannot be the least doubt, for it is a well-known fact that many of the impostors made use of these as simply employed to conform with the false impositions prevailing amongst the people at that time. This is the view generally entertained by the most honored Commentators of the New Testament. We thus see, that Epilepsy is not a modern disease like Cholera or Plague, but in the words of an eminent writer it belongs to all countries alike alike; it occurs in the early history of mankind yet prevails at the present day, amongst the uneducated savage as amongst the most cultivated or civilized society. It stables the mother from the security with which she hangs over her belove infant, it afflicts the lover trusting in the future happiness of his beloved, it warms the son and daughter of the instability of things, when they see a parent whom they con...
sidered healthy struck down by the convulsions.

Epilepsy apart, no condition age in our state. There are not many diseases
upon which severe punitive statistics are to be found. Under these circumstances
it may clear the field, should we be first
enabled to ascertain the statistics upon the
subject. If we go to the Registrar-General's
Tables, which are the most trustworthy records,
we then get the following summary: We do
not consider that this, by any means gives
us a full and complete record of its prevalence
for we know very well that epilepsy
pains for a directly fatal. But that the
patient generally dies of one or other of its
sequelae, or perhaps from the intervention
of one other disease—totally different from
that to which our attention was originally
directed, for example, which is a very common
term of this disease.
The following is a tabular statement of the mortality from Epilepsy for London, registered in the December Quarters for the five years 1849 to 1853 inclusive:

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths from Epilepsy</th>
<th>Total deaths in same period</th>
<th>Percentage of mortality from Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1849</td>
<td>73</td>
<td>12,877</td>
<td>0.56</td>
</tr>
<tr>
<td>1850</td>
<td>79</td>
<td>18,544</td>
<td>0.40</td>
</tr>
<tr>
<td>1851</td>
<td>75</td>
<td>13,964</td>
<td>0.53</td>
</tr>
<tr>
<td>1852</td>
<td>118</td>
<td>13,468</td>
<td>0.87</td>
</tr>
<tr>
<td>1853</td>
<td>117</td>
<td>17,398</td>
<td>0.67</td>
</tr>
<tr>
<td>Average</td>
<td>92</td>
<td>15,254</td>
<td>0.61</td>
</tr>
</tbody>
</table>

The percentage for England is nearly the same. According to Dr. Parke, it appears that the total deaths throughout England and Wales from Epilepsy during the seven years 1848-54 inclusive were 12,876, or on an average, 1839 annually. If we compare this with the army, we shall find a somewhat similar percentage: 46. The population in England in 1850 was 17,754,600, the deaths from Epilepsy in the same year were 1636, or at the rate of 0.009 per cent of the total population, about the same percentage.
prevails in the army. Such then is the proportion, as ascertained by the most careful minute investigation. If we examine these tables still more critically, we shall be enabled to arrive at some still more important results; and do we regard this attempt as useless? on the contrary it is by far the most important, inasmuch as one of the facts thus hitherto proved to actually point to the cure, or even alleviation of the disease, after it has once thoroughly established itself in the system, instead of spending time in reasoning upon the phenomena of the disease, it will be much more advantageous to endeavor to discover the causes which have been most conducive in bringing on the disease. In the first place, then, it is frequently alleged that epilepsy is more frequent amongst males than amongst females, if we examine this table, we shall certainly find that while the total mortality of
male of all ages from Epilepsy is 52.76 percent, of females 47.73 percent. The percentage of male deaths occurring from Epilepsy is equal to that of female deaths from that cause, or to put it in a different way, we find that the average male deaths in one year from Epilepsy are 96.3 of females 87.81. What annually in England male 83.2 more deaths of males than of females occur in England. If only a portion of the deaths from convolution are included here, it is probable that the relation would become still more marked. For Dr. Hope has shown in an elaborate paper that the deaths of males preponderate over those of females during the first five years of life from disease of the nervous system by as much as 20.5 percent. It seems, then, that upon the whole there is a larger proportion of epileptics amongst males, which is generally explained in the following manner. Males having larger heads than females, it is thought that during parturition, they are
more liable to injury of the Brain & intracranial organs, whence to convulsion with its sequelae. No one can then be any doubt that convulsions in infancy are very apt to lead to Epilepsy in more advanced years—Age also seems to exert a considerable influence in the production of Epilepsy. From a large collection of materials, it would appear that the greatest proclivity to Epilepsy is to be found at the period of puberty. According to the Table of the Register General, the greatest mortality occurs between the ages of 15 to 25, but that it is scarcely observable during the subsequent decennial period.

Hereditary influence is known to exert much power in the production of Epilepsy. The very intimate relation, which the disease bears to Epileptic Insanity, to other affections of the nervous system is well known. Hence we find that a very large proportion of the parent or ancestors of patients who have had nervous diseases are affected with Insanity.
Hence in tracing the origin of this disease, we are quite authorized in our endeavours to discover if any of the patient's relatives have been subject to epilepsy. Cazanbois, Bouchet have made some statistical enquiries on this point, they have ascertained that of 110 epileptic patients, there were 31 who had epileptic parents or relatives or nearly one third. Fourteen epileptic mothers gave birth to 58 children, 37 of whom had died, the eldest at the age of 14, the remainder at a very early age or almost all in convulsions. Twenty-one survived, of which 14 were healthy, the very young, some were already epileptic. Monsieur Martin has also made some investigations on this subject, from which he shows that out of 68 epileptics, he found that no less than 38 of their relatives were afflicted with some nervous disease in other. Here can be no doubt of the hereditary nature of epilepsy.
Amongst the different atiologies, in which this disease occurs, it is said that the scrofulous is by far the most subject. Some such as St. Cyprian, have gone so far as to maintain that epilepsy is an emanation or a manifestation of the primary affection, as tubercular consumption or some obscure disease. Having made these few remarks upon the subject, let us now consider, shortly, the phenomena of the disease itself. We shall not attempt to give a definition of this disease, for its symptoms are the appearances which it assumes, and in many instances these changes presented by it, that we attempt to bring it under our head is quite impossible. An attack of epilepsy generally comes on in two ways. 1. We have very often : first, a peculiar symptom there may generally be resolved into three of a sensitive, motor, or psychic character. A peculiar sensation, as some time felt beginning in some distant part of the body, gradually ascending...
till it reaches the head. This sensation is generally denominate the Aura epileptic.

The patient describes it as resembling a cool or warm puff or draught, which mounts from the feet, or from the thorax or neck and on reaching the head passes into the paroxysm. Romberg considers that the premonitory symptoms occur in a half of the cases of Epilepsy. In other cases, the attack is preceded by none of these symptoms, but simply by a feeling of malaise. Indeed, the symptoms which precede an attack of Epilepsy are so numerous as almost to baffle description. The following list which is given by a very distinguished author on the subject may serve to show the utter impossibility of being able to classify these premonitory symptoms.

Sense of choking, dimness of vision, a sensation extending from the mouth up the ear, with a sense of the latter, headache; a sensation ascending from the stomach...
a sensation passing from the hand to the head.

Pain across the shoulders. Loss of sight.

We see from this a list of the latter unpleasantnesses of referring these to any general rule, only one thing is as a\n
truly, namely, that the sensations referred to the trunk or extremity are much more numerous than those described, as having their seat in the head. The division of difference of origin according to it has its seat in the brain or in the extremities has given rise to a division of epilepsy into central or extraneal.

What ground there is for this division we shall afterwards see.

Besides these, there are many cases in which no warning or premonitory symptoms exhibit themselves, & the patient is attacked at once.

The phenomena of the attack itself.

What are these? The following is no uncommon history: The patient is perhaps engaged in his usual employment, when suddenly, he alters a
with a sneezy cry, falls to the ground regardless of the locality, however dangerous to himself, in the aspect markedly desiring it from simulated Epilepsy. General convulsions supervene if the whole muscular system appears to be in a state of confusion, or rather the controlling power appears to have been lost. The eyes ramble about in all directions; the thumbs are drawn across the palm of the hand; the muscles of mastication are very strongly affected to such an extent are the muscles in a state of chronic spasm. The teeth are sometimes broken. At other times, the mouth is so firmly closed that it is quite impossible to introduce anything into the mouth. Should it unfortunately happen during a moment of relaxation that the tongue gets between the teeth, the protruded part becomes painfully swollen and congested, when the patient presents a frightful appearance of
Instances have taken place, in which even a part of the organ has been bitten off. Rancid bleeding from the mouth is one of the most common symptoms of the disease. The patient foams at the mouth, & the saliva falls from the mouth in a most disgusting manner. The features are very much contorted. The eyes are turned up so as to leave nothing visible but the sclerotics. The pupils are insensible to light. The breathing is short, hurried, as in a person violently agitated. The disturbance of the respiration is very great. The sympathetic system is sometimes deeply involved; involuntary defecation & micturition occur either during or toward the close of the fit, while erections & seminal emissions have also been observed to take place.

During the paroxysm, the patient has complete loss of consciousness; nothing seems to make any impression upon
him, reflex action, however, seem in most cases to remain quite intact even becomes changed than usual. The paroxysm usually lasts from 25 to 30 minutes.

With regard to the circulatory system, the heart beats rapidly and irregularly; in many cases, the pulse is quite imperceptible. The close of the paroxysm is shown by the convulsions gradually subsiding. We have frequently noticed perspiration breaking out over the whole body. For some time afterwards, the patient continues in a drowsy condition, frequently falls into a deep sleep, which may continue for hours.

This, however, is to be regarded as only the result of the great excitation which the patient has undergone, to the method employed by nature to restore her exhausted powers. Some consider, however, that the patient continues in a state of incomplete coma, or rather that the insensibility continues after the convulsions have ceased. Of this,
The hard case of the former is known by the patent to become coffee. Of the patent, a little heel is a leaf. A broad case, a double feast of humanity, a broad fault, in opposition, is known by the latter. The hard case of the former is known by the latter. A broad case of humanity, a double feast of humanity.
the "grand mal" he has been known to subject to these transitory attacks, while at the same time during the interval of these paroxysms, he frequently suffers from them. It is said that this variety of epilepsy, inasmuch as it indicates a lower trench or lesion of the nervous system, and a more complete subjection of the individual to the morbid influence, is much more apt to be followed by disasters consequent to the mental powers. Let us now briefly consider a few of the leading symptoms presenting the paroxysm.

1. Insensibility. If this symptom always necessary, it is always, in some cases, have been noticed in which a certain amount of consciousness has been retained throughout. Doubtless the paroxysm may have passed off, before the patient is almost aware of its commencement. But we have other cases in which the paroxysm is of some duration yet no intelligence...
the patient has retained complete con-
sciousness. Again, in reference to
the convulsions, which occur in cases of
Epilepsy, we would remark, that
these occur in which no convulsions
occur at all, the patient lies in such
a state, that one might be very apt to
mistake it for apoplexy, in which, as it
well known, the treatment is quite
different. In such a case, it would of
course be important to guard
against mistake — the Epileptic
nature of the attack would manifest
itself sooner or later. Again, the
convulsions, instead of being general are
sometimes limited in their nature
more than it was confined to the
brain. There is another very important
symptom to which we made reference
in our detail of the symptoms of the
Epileptic paroxysm, namely, a
shrinkage spasmodic state of the
muscles of the neck so that the very
become visibly swollen and tender, which doubtless gives rise to the livid appearance of the face. Dr. Marshall Hall considers this to be a very important exciting agent of the paroxysms. Of this, however, we shall say more afterward.

Pitting of the Tongue. With regard to this symptom, a division has been made into Pitting and non-Pitting. In some cases, the tongue is always pitting—the rate is 33.4 percent of the whole Pulse. With regard to the pulse, we have nothing particular to remark except that it is sometimes accelerated, feeble. In rare cases, it is only secondarily affected. We know that one of the first symptoms of the fit, and as a cause of the cry, we have a spasm of the laryngeal muscles. The chest becomes constricted. This acts upon the heart so that it becomes diminished in size. But the blood containing many germs circulates the heart, and we have the number of the beats greatly increased.
In regard to the frequency of the paroxysm, the usual variation prevails; sometimes the fit may supervene once for all, and never return. At other times, no less a period than 17 years has elapsed between the attacks; the general rule, however, is that at first there may be an interval of a few months, but in course of time, they occur almost daily. As to their recurrence, they are, however, extremely irregular and uncertain, upon the whole periodicity cannot be said to be a feature in their return. In the time of the superseded, the moon was thought to have something to do with it, but of this we have not the least proof. Have we any proof of periodicity in the time of their recurrence, during the 24 hours? Yes we certainly have some proofs here. This is easily applicable on the principle [1]? That there is a greater influx of blood to the head during sleep. Is that the blood on consequence of the diminished number of respirations becomes
Cephalalgia is very common amongst epileptics, in connection with other symptoms of vertigo. It is of very great importance. In fact, if we listen to the history of most cases of epilepsy, we shall find that in the great majority of cases, the patient has been afflicted with cephalalgia often of the most intense character.

The next important consideration is the phenomena which occur during the interval. It is of importance to know the state of consciousness and how much the patient is influenced by these phenomena, as it is to study the paroxysmal attacks. It is, indeed, of far more importance, because the fits do merely the harm as is seen of a long continued course of ill health. By attending to these...
we may very often observe in either putting an end to or at least in greatly modifying the force of the attacks. What then, is to be remarked during the intervals between the attacks. It is well known that the more frequent the fits, the more marked will be the symptoms of the disease, which may be traced in the interval yet we cannot fail to note a certain deviation from health in epileptic patients. They will be the characteristics of a nervous state, an inappetible, frequent, restless eye, a quick but feeble pulse, more or less difficulty in collecting the thoughts and connecting the different links of mental association while at the same time one or other of the organic functions presents a marked deviation from health. The organs more particularly involved in the development of the sympathetic system show a deficiency in point of vigour, and that they want that stimulus which the vascular
Nervous systems supply, when the individual enjoys robust health. Hence a common symptom is a torpid state of the intestinal tract, as shown in flatulent dyspepsia, eructation, intestinal flatulence, & constipation. An afrocatc symptom is an enlarged state of the peril, such as is seen in persons suffering from the presence of intestinal worms, from a morbid condition of the generative organs, & from a torpid condition of enlargement of the mambentum glands. Occasional vertigo, irregual, frequent, a constant headache, slight partial spasmodic seizure, more particularly a distressing sense of oppression belong to the symptoms commonly met with in the free intervals. In some cases, the epileptic fit recurs in 4 times daily, the sound in these cases gives way a difficulty of articulation ensues dysphagia observed there is a difficulty in swallowing the saline liquid we have addressing it.
A very important consideration is the sequelae of epilepsy. As we cannot enter from any detail, consideration, we shall merely mention these. They are:

1. An entire loss of memory, or failure of the other intellectual powers.
2. Temporary paralysis, sometimes limited, but very often extending over the whole body. There is however a preference to one side generally. Paralysis of the muscle of speech is very common induced by the impairment of intellect.

Out of 385 epileptic females in the asylum at Charlestown, Tignool states that

4. Hysterical
12. Maniacs
30. Maniacs
145. Demented
8. Drunks
38. Habitually inebriate
160. With no aberrating intellect.
Let us now briefly consider some of the exciting causes of this disease. These few, we shall merely mention.

1. Renal disease, which is common when the duration of renal disease, and albumenuria after child-birth, when it is most frequent, we may almost certainly anticipate convulsions.

2. Abdominal erections.

3. Deviement of the discharge of semen.

4. Deviement of the menstrual function.

5. Sexual abuse.

The following statistics may perhaps suffice to make give a list of 240 cases of these.

742 were incited by physical causes.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fright</td>
<td>57</td>
</tr>
<tr>
<td>Fear</td>
<td>31</td>
</tr>
<tr>
<td>Physical injury</td>
<td>15</td>
</tr>
<tr>
<td>Disease and infirmity</td>
<td>11</td>
</tr>
<tr>
<td>Slight of epilepsy</td>
<td>2</td>
</tr>
<tr>
<td>Rape</td>
<td>9</td>
</tr>
<tr>
<td>Unfemininity</td>
<td>5</td>
</tr>
<tr>
<td>Anger</td>
<td>4</td>
</tr>
<tr>
<td>Joy</td>
<td>2</td>
</tr>
<tr>
<td>Grief</td>
<td>1</td>
</tr>
</tbody>
</table>
Under another head, he had given a list of physical exciting causes.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercury</td>
<td>1</td>
</tr>
<tr>
<td>Childbirth</td>
<td>2</td>
</tr>
<tr>
<td>Suppressed Epilepsy</td>
<td>2</td>
</tr>
<tr>
<td>— Cerebrospasticity</td>
<td>1</td>
</tr>
<tr>
<td>Cause unapparent</td>
<td>2</td>
</tr>
<tr>
<td>Critical state</td>
<td>2</td>
</tr>
<tr>
<td>Poisoning by Camphor</td>
<td>1</td>
</tr>
<tr>
<td>Severe operation</td>
<td>1</td>
</tr>
<tr>
<td>Confinement</td>
<td>64</td>
</tr>
</tbody>
</table>

We thus perceive that physical cause one by far the most important—sleep is a highly exciting cause.
Papier from the soul. Let us consider briefly what is known regarding the essential nature of Epilepsy. The results hitherto obtained have proved very unsatisfactory. We therefore, shortly refer to these not because we really believe that the mystery has yet been solved, but rather out of respect to some of the great names that have directed their attention to it. What does pathological anatomy tell us on the subject? Considering this part of the subject, it is often very difficult to say (1). Whether a morbid appearance in the brain or nervous system, has had anything to do with the Epilepsy, whether in short, the lesion is to be regarded as a past due or present form. However great our uncertainty on this point may be, we must just take what we see.

Dr. Marry, who has made extensive investigations into the morbid anatomy of Epilepsy states that (1). The parietal body is invariably found diseased in Epileptics.
2. An effusion of lymph, which has become
more or less indurated

(3) Alteration of the brain

(4) Cerebellum, from different parts
of the interior of the skull, especially from
the base cerebrum.

(5) Accumulation of fluid in ventricles

In short, there's scarcely a
lesion of any kind, but has been found in
the brain of persons, who have died from
Epilepsy.

Though the respiratory tract is much
involved in the paroxysm, yet we have
no brain left after death in the
medulla oblongata, which we know to
be the centre of respiration.

And this great variety of facts of
Course, it is utterly impossible to
detect, any which we can regard as
essential to the production of epilepsy.

Nor can we state exactly the relation
which these bear to the production
of the paroxysm.
Leaving the consideration of the post-mortem appearances of Epilepsy, we now come to the contemplation of another portion of the subject, which is still more uncertain, having yielded, so far as we know, no really satisfactory, the more immediate exciting cause of Epilepsy. We have already referred to the results, which the study of the nerve centres has enabled us to arrive at—The explanation of the chief phenomenon is we firmly believe to be found in the state economy, in the study of its phenomena. We certainly regard the lesions of the brain to be found in cases of long standing Epilepsy as mere sequelae in the history of the disease. The long period of bad health preceding this, seems, too, to have been taken into consideration. Even yet, we are not in a position to state positively which part of the complex organ in which these are found, the part primarily affected, yet we are justified by all our previous
Causation of epileptic fits, various theories have been proposed. Some maintain that a change has taken place in the balance of the circulation; that this is a very productive cause. 

Sir Astley Cooper's experiments would seem to show that a disturbance in the balance of the circulation is a main exciting cause, but how far this goes, we cannot well say.

Sir Astley Cooper's Square takes objection to this theory on the ground that we frequently have congestion of the brain without any such result following; upon this, to conclude that because this result does not always follow, there is no necessity to do with it; but here are that R. Prunier is a decided fallacy. In scale, who brings forward the view composed that individual disposition is the key to bringing them on. In this respect there are his objections decidedly fail in force. A second theory brought forward to account for these epileptic fits is the theory of Dr. B. B. Godd, who maintains that epilepsy is due to the gradual accumulation of a noxious material in the blood that a very
1. It is noted when chloral hydrate is given to a cat, blood
   convulsions occur. The objections to the theory are
   (D). The chemistry of the blood in disease is
   very imperfectly known, 1897. Its state in epilepsy
   were absolutely ignorant.

2. The blood origin of epilepsy would seem
   contra indica.c in cases where the patient has a
   peripheral origin are cured by lowering the nerve
   pole. Then, we have no proof of a
   morbid state of the blood causing epilepsy.
   That a morbid condition of the blood may
   exist we do not deny; but the difficulty
   lies in finding out the exact causal
   relation, which it bears to epilepsy.

The next means that of Marshall Hall,
who considers that epilepsy depends upon
an increase of the spastic motor power in the
true spinal cord. He thinks, however, that
after a great many fits, the reverse condition
exists. The patient is in a state of exhaustion
due to the loss of the spastic motor power
attending each seizure, while the restora-
tion of this power is not adequate to
the left, that the patient, that exhausted in a state of extreme susceptibility to new fits. He, however, of opinion that the condition of apoplexy into which the patient is thrown has a great deal to do with the convulsions seen in epilepsy.

We now come to the last theory professed on this subject, and that is that of M. P. Segard, whose well-known research into epilepsy have presented a wide number of facts for investigation. According to him, he has

1. Increased force of the reflex reflex
2. Increased velocity of the reflex
3. An expulsion of a very special nature and a very violent nature

This may easily serve to account for the circumstances that even a very slight irritant which in a healthy state we might expect would not suffice to produce any such arrangement may in persons in whom this expulsion or excitation exists be found to produce the state. As to the cause of meningitis...
cerebrity we know very well that it may be induced by loss of blood, fright &c.
He admits however, that there are many cases, in which from an injury to the cerebral or spinal columns, convulsions may be produced without there being any necessity of cerebrity of the spinal cord. He refers particularly to those cases, in which the cause sometime with a needle-pen of the processus cerebelli as transected as also of the auditory nerve of certain parts of the med. oblong. may suffice to induce fits of a peculiar kind in which the animal rotates round the long axis of the body. On.
We now come to the consideration of the subject of treatment, which, however, we shall discuss very briefly, because medical men are still groping in the dark on the subject. This part of our subject may be very conveniently divided into the Medical & Physic of 1. Medical. Let us briefly consider what precautions we should adopt during the fit. As to this, we have simply to unclove all tight things, and to take care that the patient does not injure himself. Cooling lotions to the head, while we cautiously guard against adopting any active treatment. If called in time, just before the depersonation of the attack, we may attempt to prevent it by compression of the carotid, which has been found to prove successful in several instances. Cold lotions to the head have been said to prevent the attack during the night, whereupon we find the head to best. This indication is pointed out as useful. In these cases in which the attack has originated in anger, we may by a frightful impression of a prevent...
from according to the dead, and in some of these cases, we may prevent these paroxysms altogether, by wearing a liniment incessantly. If we cannot completely succeed in completely eradicating the notion body, we may very often be successful in completely curing the patient. Trephining has been adopted in these cases, where we had reason to believe that the irritation was subcranial. Careful attention to the formal element is also of the utmost consequence. In this respect, a great deal will of course depend upon the natural temperament of the medical attendant. If he can inspire his patient with hope and confidence he may fully expect to be able to effect much good. In this respect, the value of exercise. The mental treatment is seen in these cases, where remarkable effects are produced by varying the remedies, which must please not by influencing the patient's mind. We should very carefully exclude everything which can interfere with the
except the mind, whether that may be of a
devotional or physical character. Every deflexion
for being in motion. Examine the state of the
individual organs. Amongst remedies, we
would prescribe, (i) local decubitus against
central congestion; counter-irritation, difficulty
to the parts of the knee. The insertion of a
detox, scarification. Contraction of the atart
arteries may be used. Mo from this we cannot
expect any permanent good. To wonder if
some have gone so far as to ligature the
Carotid, which is said to have been successful
in a few cases, but even if successfull, I fear
means successful in a few cases, we are
not at liberty to turn such a work for no
maintain a result.

Phlegmatism have been very highly recommended
in the treatment of epilepsy. The ground on
which this is administered are 1. They are
given to increase the normal evaporation
of waste matter; to derive from the head
the expel foreign matter or worms loosing
in the intestines, & to promote consterna-
physiological secretion, the purge which
should be employed in this case, and ought
day to be taken in its nature, but
rather a metal aromatic nature. By
course, the utmost discretion should be
displayed in its administration - Phloro
d Ph. Col. Co.; Clee Perei, Saracaccas,
Olephi i Combination with magnesium
wheal, are amongst the largest
more suited to the Epileptic patient. And,
here, we would not omit to mention water
which is coming into general use in England
to provide admirable service.
Turpentine has been highly commended
different authorities. In the history
variety of epilepsy, it is said to have a very
beneficial prone to action on the
intestinal canal. Dr. Watson thus speaks
very highly of it, it is not to be given in
large, but rather in small doses; frequently
repeated. If every six hours. But besides
acting beneficially in this way, it may
from useful by acting upon the bowels.
are, so aspirating in the expulsion of a worm or any other irritative body, which may happen to be present. From what we have already said, it is well known that removal of the irritative body is the cases, where it is believed to be imperative will often succeed in curing the Epileptic fit entirely. Resuscitation has also been recommended, but here, as everywhere else, we must employ great discretion. As a general rule, such a mode of treatment in the present day would be most unsafe for the patient, even fatal, in many cases, as we know very well that Epileptic patients instead of being able to spare blood, are generally very anemic, consequently require all the blood they can have. In those cases, in which the patient is very feeble, consequently able to spare some, we may abstract it. But here the utmost caution is necessary, in case we should do ourselves acting upon this observation, the remedies most in use are tonics, and amongst these, we find that mineral tonics occupy a very
high place, among these iron & iron occupies a very high place. The vegetable salicylic, 
acetylene, Potassium lactate of iron, the 
ferrous ferriamine of the Russian Pharmacopeia, 
with which we may clas the lactate, 
which are preferable. When the appetite 
is impaired, the citrate of ferrum & iron 
is a very appropriate remedy, mode of 
administering the remedy in yard %
line. This remedy has been much proslated 
by various authors, it is said to exercise 
a most beneficial influence on the patient. 
Accordingly it is left formidable. It may 
be given in the form Zinci Sulphatis. The 
lye of Arsenic has been highly recom 
manded. The Zioe may be given in the 
form of pills with Extract of iron & iron 
and infusion of valerian, or other medicinal 
combinations indicated by the particular 
Case. The valeranate of zinc & the 
valeranate of iron present combination of the base spoken of with valerana 
acid which may be administered with
great advantage. Amongst tonics are sheets, but not forget strychnia, which acts as a
nervous stimulant and diminishes the irritability of the nervous system, so prevalent in persons subject
to the epileptic disease. The extract of True horehound is speaking here daily with extract
of gentian and act in a similar way. It is
worth noticing that we often observe the
agitated state of the bowels associated with
epilepsy, rectified by the exhibition of the
remedies just spoken of, in such a manner as
to render their administration highly necessary
indeed. The preparations of silver, so highly
commanded previously, have not proved so
successful as one might have anticipated.
But we consider that to one i justified in
drawing them from the category of drugs that
ought to under certain circumstances, be
employed. The great objection to the use of
extract (and one which, we consider,
unless the arguments for its adoption are
very great indeed), is quite sufficient to
neutralize any little advantages, which
may be derived from its use. Instances have been recorded in which the whole skin has become of a strony hue—a condition which has continued during the rest of the patient's life. Our first care should be directed to the removal of any irritatory object which may be decaying the system after which we are quite at liberty to make use of the other tonics to which reference has just been made. In cases of the causes of Epilepsy, we mention that in the case of an agent could the influence of Epilepsy fall be more directly traced than to the injurious influence of Lead; it can be shown very well that the most efficient antidote for this kind of poisoning is H. D. a fact which was first established by Dr. Holmsen has since been confirmed by various observers. As soon as this poison eliminated than the paroxysms are found to diminish in number and cease altogether, if the poison has not operated for too long a period. The same measure is said to have proved highly beneficial...
in some cases, where the lesion could be traced to supplicative disease of the cranial bones, or at least are connected with secondary orbital symptoms. For this reason we would recommend the Potassii Bromidioum, as its beneficial influence in the dissipation of phlegmons, as well as in the improvement of a phlegmonic condition of the system shows itself to be highly useful. Dr. Lorré has especially commended the last medicine in all cases long having their origin in an excited state of the nervous system or rather a sexual system from disordered menstruation. In one case, he mentions that a young woman was completely cured, after they had lasted nine years. That it would seem that these two agents were entirely contraindicated from their tendency to produce a condition of congestion of the brain needed relief. They are highly recommended by some writers, who consider that we have an excited state of the nervous system, which can be best remedied by the administration of graphitic or its salts, Pyrophenus.
Conium, Belladonna, Hydrocyanic Acid, &c. These
hops in some cases, indeed, the Esthesia
amblyias. The former, which was originally
introduced by Professor Pollock, of Rehling,
may be administered in the following
manner:

Indies, 8 or 15,

Pd. B. & ii.

Syrupi 2 or 4 lamb

Electrum

Egleston Amblyias has been prescribed
with some advantage, according to some.
Some are a few of the drugs that the
medical attendant may have recourse to
in order to remove this dreadful malady
from which we clearly perceive that
there's no specific yet discovered for this
malady. In short, there is scarcely a single
remedy in the Pharmacopoeia, which has not
been tried in its turn, and we believe they
are all given on the principle by many
that if confidence can be infused into the
mind of the patient, scarcely a variety
of medicine, which in themselves may be of
great value in useful results. I speak
now come to the brief consideration of
what we believe to be the most important
part of the treatment, namely, the Hygiene.
the principal part of which will be made
apparent from what we have already described.
Everything, then, pertaining to the patient's
health, the air he breathe, his ablations,
his daily occupations, habits, his
amusements, the state of his sexual systems,
his food, his beverages, his clothing, his mental
or moral history, his prospects in life.
1. Air. We know the enormous importance
of the agent in promoting the nervous health.
Every morbid condition, if not generated, is at
least greatly aggravated by foul air. Hence
the importance of a pure breeze, country air,
removal from large unhealthful towns.
2. The Sun's heat is also found to remittent
effects in giving force to the nervous system,
very powerful tonic. Its beneficial influ-
ence even in health is well known.
and appreciate, as a hygienic application by
those who are in the habit of making habitual
daily use of it. As a hygienic application,
when the use of cold water when
the patient is in a feverish
condition. Of course, as this is rather a
powerful agent, its use requires to be
attended with some precautions, such as
that it may not be too cold. Its
injurious effect may be greatly augmented by
the
introduction of a little bay salt.
The shower bath should be employed
with the utmost caution, as from its
very powerful influence on the nervous
system, it is apt to prove injurious
rather than beneficial, particularly in
weak subjects. If a precaution does
not follow its use, that is a plain
contraindication. We should
in all cases, after the shower bath,
take the precaution of carefully rubbing
the surface with rough towels.
With regard to feet, the foot of
of an Epeptic should be dilution, decoctions. For this purpose, we should adopt those, which remove the swelling of the system, apply these, which generally. As to wine and beer, these should not be confused when we have a marked development of head symptoms. It is not prudent to give any alcoholic stimulants. For when we have a well marked tendency to cephalic congestion, the tendency is greatly augmented by the administration of wine and such-like agents. When the patient is anxious, then we may give a little of these stimulants. Agents in meals is a matter of the utmost importance. Indeed the very often find paroxysms induced by protracted abstinence. The quality of the food should be carefully attended to. All indigestible substances should be carefully eschewed. It will often be necessary to enforce an entire abstinence from exertion of early kind. Without this we cannot expect any beneficial
effect to be produced. In some cases, we must even go so far as to recommend the patient to abandon his professional employment, for we must be well aware that the misprand harrassing the which the patient in his usual avocation is continually exposed to cannot fail to exercise a most prejudicial influence upon the constitution. Indeed, there is an infinite variety of little points to which continual attention must be paid before we can expect any desirable results. Nothing should be beneath the notice of the medical adviser. We must keep them aside, in some instances, that Obedience, so highly commendable in other circumstances, tending so the length of giving minute directions or points connected with the most private matters of course, they patient, will not come out as full of the rough work of the present case, it is one that is felt at first impatient what we want.
But beside giving directions of a neglectful character, it is the physicians duty to speak
positively, so to the exact line which he would advise the epileptic to pursue.
In conclusion, the patient should endeavor to have entire confidence in his medical
advice, while on the part of the latter doctor should be left undone, which
can in any degree combine to disturb simplest
feelings in the mind of his patients.