In Table I. the figures representing *cases* and *persons* admitted, recovered, and under care during the year are identical—a coincidence so highly improbable that we venture to ask whether these numbers are not also incorrect?

Again, the cases discharged relieved during the 18 years appear as 446 in Table II., 444 in Table III., and 277 in Table IV.; the not improved as 545 in Table II., 539 in Table III., and 200 in Table IV.

In the last-mentioned table the total remaining, given as 1,349, after deducting the total discharges and deaths from total admissions, is quite wrong. Thus:—Total admissions, 6,422; recovered, 2,623; relieved, 277; not improved, 200; died, 1,833—amounting to 4,933, which, deducted from 6,422, leaves 1,489, and not 1,349.

We have no doubt that this tissue of errors will be rectified in next year's report, so that those who refer to these tables in future years may find the correct figures given twelve months afterwards.

Kent. Chartham.—Dr. FitzGerald reports that late in the year beer was withdrawn from the patients' diet, and so far no complaints have been made. He is far from satisfied with the nature of the admissions, no less than 60 per cent. of the males being included under the heads of general paralysis, epilepsy, senile dementia, and idiocy. The recovery-rate was 33 per cent. and the death-rate 9·9. Here also phthisis accounts for 18 deaths out of 88. In one-tenth of the admissions intemperance was said to be the cause. We note a recovery from general paralysis.

(*To be continued.*)

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2. *Therapeutic Retrospect.*

By Harrington Sainsbury, M.D.

Works upon the subject of brain surgery are becoming very numerous, but then the workers in this department of medical knowledge are increasing in number, and fresh gains are continually being accumulated—hence their apology. A recent work by Dr. Allen Starr* appears to be carefully done; the writing is clear and the illustrations are many and good. Diagrams minutely apportioning the functions of motion, in particular, are given, but they lose much of their significance from a practical point of view when we consider that the different areas are not sharply demarcated, and that "each motion, each part of a limb, has a wide general representation over the cortex, and a special representation at a limited area." The increasing size of the windows which surgeons in search of disease make in our skulls bears witness to

* "Brain Surgery," by M. Allen Starr, M.D., Ph., etc. London: Bailliere, Tindall and Cox. 1893.

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this fact. We read in this chapter, on the diagnosis of cerebral disease, that the areas of undetermined function, which still occupy a large portion of the whole brain surface, are much more extensive on the right side than on the left. The main facts else are the usual ones, but they are given briefly and clearly, and amongst other diagrams they are illustrated by two excellent photographs of the brain *in situ*.

What is the list of operations which may be performed upon the brain? They are: For the relief of epilepsy, for the cure of imbecility, for the removal of clots, for the opening of abscesses, for the excision of tumours, for the relief of intracranial pressure —with or without drainage of the lateral ventricles—and for the cure of traumatic insanity.

The cases of epilepsy which admit of treatment are those of motor or Jacksonian epilepsy and their equivalent on the sensory side, classed under the head of sensory epilepsy. "The ordinary idiopathic epilepsy is as far removed from surgical treatment to-day as it was in the past." Belonging to the class of Jacksonian epilepsy are those cases of speechlessness which may accompany spasm of the right side of the face, or which may occur as the sole symptom of the attack. Dr. Starr refers to the probability that aphasia may be due to sudden suspension of the function of the sensory areas of speech, thus giving a sensory as well as a motor form of aphasia.

Motor or sensory epilepsy is often traumatic, and the guide to the performance of the operation will, in such cases, be a double one, viz., the site of the injury and the site of the brain which the epileptic symptoms present indicate. Where "the injury and the localizing symptoms do not coincide, it is better to follow the localizing symptoms rather than the surgical injury." Failing localizing symptoms but present a traumatic injury, we may have to act solely upon this latter indication. In advising the operation, we must bear in mind: first the danger of the operation itself (Starr gives the average mortality at seven per cent.); next the results which the operation is likely to attain. Starr sums up this chapter, which contains a record of 30 cases operated upon with details, by showing that the majority of operations have been failures, and that we can hardly expect anything but failure in certain cases, such as those of adhesions between dura and pia or between pia and brain, or where a scar is situated in the cortex, because the operation of breaking down adhesions or of excision of a scar will be almost certainly followed by reformation of the adhesions and of the scar. Should there not be added to this another difficulty in the fact of a polarity established by long abuse? Thus the trick of spasm once well learned may persist and be due to an area of weakened resistance, though the original exciting cause be removed. In spite of the actual failure and the reasons for further failure, we think Dr. Starr puts the case fairly to the

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patient in the following words: "You have a brain disease; that disease is causing fits; that disease may be curable by operation; we cannot tell whether it is curable until we operate; we cannot promise that the operation will in any way benefit; a majority of chances are against cure, but it is the only method of treatment which affords any hope whatever, and it is a method which is fairly safe." We presume that this argument would be used when medical treatment had been fairly tried and found useless.

The chapter on craniotomy for microcephalism and imbecility is a very interesting one. Three classes of defects are here described, cases with definite palsies, the birth palsies of Gowers; cases of mental or moral defects constituting grades of backwardness or imbecility; and cases of sensory defects, *e.g.*, visual, auditory; herein would come deaf-mutes. Children of each class may be epileptic. From a study of these cases the main facts to be noted are:—

1. The greater danger of the operation of craniotomy in children; of 34 cases tabulated 14 died.

2. The incompleteness of the reports, especially in respect of the time the cases have been watched after the operation.

4. The irremediable nature of the underlying defects in many cases, atrophies, porencephalus, hydrocephalus, meningo-encephalitis.

5. The impossibility of diagnosing with any certainty the nature of the defect.

But on the other hand we have to remember that the growth of the brain proceeds or may do so up to the age of 20, if not longer—that conditions presented by these cases justify, if ever, the incurring of a certain, or even a considerable, amount of risk, and that in a number of cases the mental condition has undergone much improvement after the operation. We tread surer ground when we consider craniotomy for cerebral hæmorrhage where *traumatism* has been determined, and the symptoms make a surface hæmorrhage likely. When the cerebral hæmorrhage is *not traumatic* we may also advise trephining if the symptoms call for interference, and we can make sure that the hæmorrhage is superficial, but the difficulty lies just here, viz., in the diagnosis of surface hæmorrhage, not to mention the difficulty of eliminating thrombosis and embolism as causes of the symptoms before us. Trephining for cerebral tumour or cerebral abscess we need not discuss.

A short chapter deals with trephining for insanity. Of this class the only cases admissible for such interference are those of traumatic origin, and these the author states average not more than two per cent. of all cases: thus a very small proportion. Two cases are reported in which the operation clearly modified the insanity, but Dr. Starr considers that the cases thus far recorded are too few to warrant a definite verdict; he thinks it probable, however, that an early trephining may cut short traumatic insanity

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and prevent its going on to a condition of chronic dementia. Trephining for general paralysis of the insane is condemned as useless.

Headache of traumatic origin, well localized and severe, has been operated on after all other means had been tried, and of this treatment two successful cases, one by Horsley and one by Weir, are recorded.

A chapter on the operation of trephining concludes a very useful treatise.

The Treatment of Neurasthenia.

Dr. Constantin Paul contributes a lengthy paper on this subject to the "Bulletin Général de Thérapeutique," September and October numbers, 1893. His method of treatment is by hypodermic injection of an extract of the grey matter of the brain of the sheep. He bases his conclusions on a record of 53 cases, and upon an experience of this method of treatment of two years' duration. Nothing on the face of it seems more unlikely than that exhaustion of the body which seems more directly to depend upon an exhaustion of the central nervous system should be overcome by the use of an extract of the nervous tissues of an animal, but since the establishment of the use of the thyroid extract in the treatment of myxœdema, the mouth of the sceptic is stopped —observation alone is in place, and to that we must turn.

The main facts of neurasthenia, this bitter comment upon 19th century life, are, 1st, the profound depression of the organism which manifests itself whenever a call is made for any output, even the slightest, and 2nd, the inability of the organism to refund itself, to replenish its wasted forces. Two cardinal symptoms are present in all the severer forms of neurasthenia, viz., sleeplessness and mal-assimilation, and these sufficiently explain the inability of the organism to recover its forces. In neurasthenia fatigue oversteps the limits of health, the criterion of which is this very inability by rest and food to gain refreshment. Neurasthenia puts on many forms, cerebro-spinal, spinal, genital, chlorotic, vascular or cardiac, gastric, etc. The particular form of neurosis may be the hysterical, or the patient may be a hypochondriac or melancholiac. The most potent cause of neurasthenia is excessive call upon the intellectual and emotional functions or upon the functions of the genital organs, the latter involving emotional fatigue. The mode of treatment here advocated is the Brown-Séquardian by injection of an organic extract, the particular extract used by Dr. C. Paul being that of the grey matter. The dose employed varied between 2 c.c. and 5 c.c. The injections were some twenty in number and were spread over some two and a half months on an average. Of the cases recorded, one of the most striking and complete is that of M. Auguste Dorchain, a poet of considerable repute in France. In this case the cure was very complete, and nearly a year after the commence-

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ment of the cure, and some eight months after the discontinuance of the injections, the condition of well-being was maintained. Of 53 cases treated, in five only were the results negative. In the others, varying degrees of improvement were noted from such as might be termed complete cures up to others in which the cure was almost complete and the avocations of life could be resumed down to lesser degrees of betterment, but the proportion of the cures or marked improvement was very large. To the five cases of failure out of the 53 cases treated Dr. C. Paul brings eight other failures, but these he regards as due to an inadequate treatment, because of, 1st, an insufficiency in the number of injections, 2nd, an insufficiency in the doses employed.

Dr. Constantin Paul regards the organic liquid of the injection as a nervine tonic *par excellence*. Its first gift bestowed is a little sleep, which is chiefly characterized by its refreshing powers. The appetite is next awakened and the powers of assimilation. Prominent are its effects in strengthening the heart's action.

In the "Bulletin Général de Thérapeutique" for September 15th, M. de Fleury records 21 cases of neurasthenia in which he employed a complex therapy, including the hypodermic use of concentrated artificial serum, the effects of which are, he says, quite as marked as those obtained from the testicular and nervous juices. The neurasthenic dyspepsia he treats on dietetic and medicinal lines; the loss of sleep by a careful regulation of the day's routine; the pains and hyperæsthesias, etc., by statical electricity and dry rubbing. Rest, which he recognizes as excellent at the start, he replaces soon by regulated labour.

These statements are rather hard upon the grey matter of the brain, but we shall perhaps have to ask ourselves concerning this new treatment how much we must put down to the needle-thrust itself with the injection of *some kind* of liquid and how much to the *actual quality* of the liquid. That treatment by injection will have a much more potent *suggestive* action than treatment by milder methods is self-evident.

Precision in the Treatment of Chronic Diseases.

This is the title which Dr. Weir-Mitchell gives to an address delivered before the New York Academy of Medicine, December 15th, 1892, and reported in the "New York Medical Record" for December 24th, 1892, and again nearly in full in the "Practitioner" for November, 1893. The subject is the rest treatment known so well, otherwise, as the Weir-Mitchell treatment, and we turn with a sense of relief to a method of cure which may really lay claim to the term rational as distinguished from the mysterious uses of the hypodermic needle. We can all admit the value of rest; though we, most of us, far under-rate its influence. We can accept as part of the rest scheme the influence of the nurse, who is there to make us feel that we are, in a sense, taken possession of, us and our responsibilities. How important, under such cir-

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cumstances, must be the character of the nurse, and how necessary it may be to change the nurse if the patient do not thrive. Dr. Weir-Mitchell accentuates this, as does Dr. Playfair, his chief exponent in this country. Change your nurse then is one important dictum if the patient do not like her, and is in consequence fretted by her. Then the rubber, she must engage our attention, for again the personal element comes in to a great extent. "Why one woman," says the lecturer, "can rub a patient and leave her sleepless, excited, uneasy, and another succeeds in soothing her and in calming her nervousness, is even yet to me a problem which I can solve by change but cannot understand." Electricity is generally regarded as the one thing you may leave out from the treatment; Weir-Mitchell advises against the omission, for "in some cases it leaves the extremities warm when massage does not." In the simple form required it should, he says, be in the hands of the nurse. As to drugs the doctor must be resourceful to overcome the fads which many of these patients show towards such means, and he instances a case in which a patient, very much on the alert on this point, took, unwittingly, in her daily allowance of oranges, the drugs which she was so resolute not to take—a valuable wrinkle. Isolation, rest, a suitable nurse, a suitable masseuse, the use of electricity, and, if needful, the use of drugs, all these factors are there as aids to the assimilation of a diet which is made as full as possible, but which is too well known to need reference. A life such as is here led is severely scheduled, but this very element—routine—is a potent factor in the treatment of chronic disease of all kinds, especially when there is mal-assimilation. We are urged to bring to bear, in the treatment of chronic disease, somewhat of that accuracy which we bestow upon acute disease. Valuable instruction is then given us in the treatment of cases not ill enough to require the full rest treatment, but too ill to yield to mere tonics or change. A schedule of partial rest treatment is detailed.

The symptom, grave insomnia, is the one which in all these cases Weir-Mitchell most dreads. In bad cases of the kind he gives straight away lithium bromide in 30-grain doses, thrice daily, at noon, at 6 p.m., and at 9 p.m.; this he gives in malt or otherwise, and then goes on to decrease it grain by grain. We believe that he chooses the lithium salt, believing it to be, weight for weight, the most potent of the bromides as a sedative. For positive hypnotic action he falls back on sulphonal in hot water at bedtime, but goes on to say that some of the hydro-therapeutic measures are better still, and he describes the use of the "drip sheet" as a remedy past praise.

Among other conditions to be treated by the rest cure he cites chronic alcoholism, the rest in bed to be combined with massage and the skim milk diet; all forms of neuritis, local or general, in particular alcoholic neuritis; obstinate cases of chorea; all grave forms of the morphia habit. A few words follow upon the use of

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the local "splint-rest" in the treatment of sciatica, which "is nearly always some grade of neuritis." Some interesting remarks on backache and on headache (very brief on the latter) conclude an address worthy of the best traditions of the older school of medicine.

The Use of Exalgine. "Lancet," April 8th, 1893.

Dr. E. G. Younger, Physician to the St. Pancras Dispensary, late Senior Assistant Medical Officer (male department) Hanwell Asylum, reports nine cases of exalgine use. Four of these were for simple headache or neuralgia, five for headache and insomnia in cases of mental disease, *e.g.*, melancholia, melancholia with delusions, a case of general paralysis, and a case of epilepsy. In all nine cases the symptom pain was either removed or markedly improved. In the epileptic case the fits were unexpectedly controlled. No bad effects were observed, but then the doses used were small; two grains every four hours was the highest rate of administration, and in the majority of cases one grain three or four times a day sufficed. He prescribes it along with 10 minims of spirits of chloroform, in an ounce of water or infusion.

There can be no doubt that the dose of exalgine should be carefully controlled, and the smaller doses first tried.

Antipyrine, Acetanilide, and Phenacetine: Their Ill-Effects.

We have already in this Journal had occasion to refer to the intoxications occasioned by these drugs and to quote from Falk's *résumé* of the subject in the "Therapeutische Monatshefte." Dr. R. Paterson,* Pathologist to the Cardiff Infirmary, contributes a short paper on the same subject, the basis of which are the investigation results of the South Wales branch of the British Medical Association. This branch association, among others, took up the subject at the instance of the Therapeutic Committee of the British Medical Association, Dr. Gairdner being the original mover in the matter.

The ill-effects produced by antipyrine include collapse, vertigo, cyanosis, profuse sweating, eruptions, the production of physical and mental depression. The effect upon the blood is to produce the condition known as methæmoglobinæmia. The collapse may be severe and may last for hours. Pneumonia predisposes to the occurrence of collapse, and the drug must be regarded as dangerous in this disease, even in doses of ten grains. The cyanosis is to be regarded in part as due to the cardiac depression, in part to the methæmoglobinæmia. The profuse sweatings are depressing, but they constitute the minor intoxication symptoms. The eruptions are urticarial, erythematous, also scarlatiniform and bullous, but of these latter the branch association received no reports. Hæmorrhages have been reported by continental writers, and Dr. Paterson refers to this as of importance where the

* "Practitioner," October, 1893.

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propriety of administering the drug in typhoid or phthisis is considered. Antipyrine may develop a habit, and such state is marked by apathy and depression. Given along with a stimulant, *e.g.*, ether, ammonia, brandy, digitalis, caffeine, it is said to be administrable in much larger doses with safety. The untoward effects of antipyrine constitute but a very small percentage of the general action of the drug, and no doubt we have in it a valuable and potent remedy, but unquestionably it calls for caution.

Antifebrine (acetanilide) is admitted on all hands to be a very depressant medicine, and though, if cautiously used, it may prove very effectual, yet the tendency has been to forsake it in favour of antipyrine. It is not very unlikely that it may lose its seat in the British Pharmacopœia. One merit it certainly possesses—it has not found favour with the public.

Phenacetine is used principally as an anti-neuralgic remedy. It claims, and probably with justice, to be less depressant than antipyrine; in fact, to be a safe drug in the doses usually administered—5-10 grains. In large doses it may produce unpleasant symptoms of the antipyrine class.

Thyroid Secretion as a Factor in Exophthalmic Goitre.

In the "Lancet" for November 11th, 1893, Dr. G. R. Murray, of Durham and Newcastle-on-Tyne, contributes an interesting article on the above subject. He brings forward the views of others—Möbius, Müller, Wette, Maude—according to which the enlarged thyroid, by simple mechanical effects or by secretary action, plays a prominent if not a primary part. He refers first to that which may now be regarded as an established fact, the secreting action of the thyroid; next to the fact that in Graves' disease the thyroid is nearly always enlarged, and that, as Professor Greenfield has shown, "there is an enormous increase in the secreting structure of the thyroid and also of the colloid material in the spaces of the gland." Then we are led to the effects of over-doses of thyroid extract in the treatment of myxœdema, viz., tremor, acceleration of pulse, slight sweating and flushing, prostration, slight rise of temperature, a group of symptoms we are familiar with in Graves' disease. Further, operative treatment by extirpation of the gland, or operation upon the gland calculated to diminish the amount of secretion, has given many instances of complete cure of exophthalmic goitre. In 22 of 29 cases of the kind collected by Stierlin there was complete recovery. The influence of the inunction of the red iodide of mercury ointment Dr. Murray considers to be explained by its power to reduce the size of the gland. Belladonna is known to influence glandular secretion, and it is regarded by Dr. Wilks and Dr. Gowers, and others, as decidedly efficacious in a number of cases; of course, it may signally fail. A relationship between myxœdema and exophthalmic goitre has been noted in that the cure of the latter has been followed occasionally by the appearance of symptoms of the former,

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i.e., of a disease which is known to stand indefinite relation to atrophy of the thyroid.

Dr. Murray concludes by opposing, in two columns, the symptoms of Graves' disease and of myxœdema; in this way the opposition of the symptoms to which Dr. Byrom Bramwell had drawn attention is made very manifest. We would draw attention to the opposition in the matter of the electrical resistances as depending probably upon the moist and dry states of the skin present respectively in these two diseases. This is the view, we believe, which Dr. de Watteville has expressed, and, if true, we should have to cancel, as primary opposing symptoms, these electrical phenomena. The argument of the article in the "Lancet" is closely reasoned, and, we think, warrants the conclusion "that any line of treatment which is adopted for exophthalmic goitre ought to include special measures directed to the improvement of the abnormal condition of the thyroid gland."

At the Medical Society of London, "Lancet," October 21st, 1893, Mr. Maude, quoted in the preceding, discussed the etiology of Graves' disease and its relation to myxœdema. In the comments which followed, we may note the remarks by Dr. Burney Yeo on the unilateral and crossed effects resulting from unilateral enlargement of the thyroid in a case shown by him (the general phenomena of the disease, he thought, were due to the central nervous system); also the remarks by Mr. Berry and Dr. Hector Mackenzie. The former showed microscopical specimens from two cases of Graves' disease in which there was a complete absence of all colloid secretion; also two other sections from ordinary parenchymatous goitre in which there was a large excess of colloid material in the alveoli. Dr. H. Mackenzie had given large doses of thyroid extract in Graves' disease without bad effects. Clearly the whole subject requires much further investigation.

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3. *American Retrospect.*

By Fletcher Beach, M.B., F.R.C.P.

American Journal of Insanity, April, July, October, 1893.

Alienist and Neurologist, July, 1893.

Journal of Nervous and Mental Disease, July, 1893.

The "American Journal of Insanity" keeps up its high character under the able editorship of Dr. Blumer, and is well abreast in scientific research with all matters concerning the treatment of the insane.

Dr. M. J. White has a paper on "Adjuncts to Medical Treatment in Hospitals for the Insane." This was read at the annual

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