

HOSPITAL NOTES.

BELLADONNA IN EPILEPSY, &c.—At the Hospital for the Epileptic and Paralyzed, belladonna and its alkaloid, atropia, are still in favor as remedies for epilepsy. Under these remedies most patients with epilepsy, especially if they suffer much between the paroxysms, are benefited.

In treating epilepsy we must remember that, although in many cases we may not be able to cure, we can very often diminish the number of fits; and even if we cannot do that, the patient's general condition is often much improved. Many patients attend the Hospital who have had fits for very many years, and though they have no hope of being cured, they, nevertheless, experience great benefit, and are rendered capable of resuming a comparatively active life. Although this is not a cure, it is the next best thing to it.

The prescription generally used is—Extract of belladonna a quarter of a grain, quinine one grain, in a pill three times a day. Of atropine, one $\frac{1}{20}$ of a grain is given three times a day. Of both, the dose is gradually increased. Although given in increased doses, they are rarely observed to produce, in epilepsy, much physiological effect. Sometimes, however, the patients complain of dryness in the throat, and of defective sight. We think it will be noticed that patients with dark eyes suffer more from it, and that these patients are often hypermetropic.

When the sight is affected by belladonna or atropine, it is because the ciliary muscle is paralyzed partially or totally, and hence that the power of accommodation is impaired, or altogether lost. It is not likely that it is due to dilatation of the pupil, as in congenital irideremia the accommodation is good, and in a case recorded by Graefe, in which the whole of the iris was removed by operation, it remained perfect. It was lost, however, when atropine was put into the eye.

Patients, of course, complain a good deal when their sight is impaired, however little, by any course of treatment, but they can be assured that the defect is only temporary. In some cases of cataract belladonna has been used for years without injury to the eyes, and without losing its powers.

In no case have we noticed dulness of hearing to be produced by this drug. Very likely there may be some slight impairment of hearing which the patient does not notice. Very often there is tinnitus aurium, and some little defect of hearing attending it, but this is common in epilepsy whether belladonna be given or not. We have not noticed that patients have complained of increase of deafness under its use. If a solution of atropine were dropped into the ear it might then paralyze the small muscles of the ear, and produce defective accommodation of sound, if such a phrase is allowable.

Another method in which Dr. Brown-Séguard uses atropine in

epilepsy is to inject a solution of it and morphia into the part from which an aura starts. This was done in several cases with excellent results. A solution containing one sixtieth of a grain of atropine and a quarter of a grain of morphia is injected with Wood's syringe. In the several cases in which it was used it did not produce any immediate effects in the patients, and no giddiness, &c. The operation is not painful.

It is supposed that belladonna acts on the bloodvessels producing contraction. Ergot, also, Dr. Brown-Séquard believes, has this property; and hence their use in local inflammatory conditions of the brain and spinal cord. Ergot, he believes, has a greater action on the vessels of the spinal cord, and belladonna on those of the brain. In paraplegia from myelitis, a pill containing three grains of fresh ergot and a quarter of a grain of the extract of belladonna is given three times a day. The action of belladonna in arresting the flow of milk, and in causing dryness of the throat, may be explained also on the hypothesis of its diminishing the supply of blood to those parts.

OPIUM, CODEIA, &c., IN SLEEPLESSNESS.—The profuse administration of opium in delirium tremens is not so common as it was. It appears to be recognized that, as Dr. C. J. B. Williams points out in his "Principles of Medicine," there is a condition in which a patient is "too weak to sleep," and that, therefore, the best plan to induce sleep is not to attempt to tyrannize over the nervous system by opium, but to support the system by tonics, and stimulants, and nutrients; then, when the patient is strong enough to bear it, opium may be given. We write these remarks, not in reference to any recent case, but to some which occurred in the hospitals some time ago.

Dr. Brown-Séquard sometimes gives codeia in cases in which it is important to produce sleep. If we wished blindly to compel sleep, opium would be our remedy; but many can, no doubt, call to mind cases of death in delirium tremens after the profuse administration of opium. "Apoplexy with contracted pupil" is, we believe, the name given to such deaths. Again, in cases where we feel justified in giving opium to induce sleep, the manifest disadvantages of doing this at the risk of producing dyspepsia, constipation, and symptoms of "congestion of the brain," make the choice of some other narcotic desirable. In one case, in which codeia, one of the alkaloids of opium, was given, it produced sleep, and was not followed by any of the disagreeable symptoms of confusion in the head, which the patient complained of after taking morphia. It is stated by Dr. Neligan to be half the strength of opium only; but in this case it produced, in similar doses, precisely the effect of an equal quantity of morphia. The dose given was two thirds of a grain, in pill.

Codeia is contained in much smaller quantity in opium than morphia; so that in prescribing opium equivalent to a grain of morphia, we give only one sixteenth to one thirtieth of a grain of codeia.

At the Middlesex Hospital, Dr. Goodfellow employs the plan of subcutaneous injection of opium, in order to get the patient to sleep in delirium tremens. He thinks that it acts more quickly, and produces less constitutional disturbance than the plan of administering it by the mouth. Of course he employs other means, both dietetic and medical.—*Medical Times and Gazette.*

Army Medical Intelligence.

To the Surgeon-General.

NEWBURN, N. C., March 20th, 1863.

SIR,—Your kind letter of the 5th inst. has been received. I have communicated to the other surgeons in this Department your desire to have a copy of the medical history of their respective regiments, such as was furnished the Medical Inspector.

I presume that before this time you have had full details of the "malarial disease," as it is called, which now prevails here; the disease is not malarial in its origin. The fact that it prevails in the winter, when malarious disease does not originate; that it prevails among troops recently arrived here; that it is not paroxysmal in its character; that it is not modified by quinine; and that the pathological changes are totally unlike those which occur in paludal disease, all prove that it is not due to miasm.

I. *Cause.*—That the disease is caused *generally* by living in barracks made of green lumber, and insufficient ventilation, is obvious. The 43d, 45th and 51st regiments were encamped as near together as it was possible for them to be. The former was in tents, and had none of the disease. The two latter were in barracks, and in about four weeks after their arrival the disease began to appear. Upon the average, two cases and two deaths per week occurred in each of these regiments. At last the prevalence of the disease created alarm, and the 45th were ordered to change their quarters; this being done, no new cases appeared. The disease continued to prevail in the 51st until they were removed from barracks, when it suddenly disappeared. What has been said of the 45th and 51st, is also true of the 44th.

The barracks are made of perfectly green hard-pine lumber, and so constructed as to allow only 180 feet of air to each man, with no adequate ventilation. During the stay of the 45th in barracks they had five cases, all of which were fatal. The 51st have had seventeen cases, all of which have been fatal. The 44th have had twenty cases, twelve of which have been fatal; the remaining eight are now under treatment. One case of this disease occurred in my regiment last summer, in a man who was employed in building a block-house of green timber; he occupied the building as his quarters.

I have said that the disease is *generally* caused by living in barracks made of green lumber; but this is not the only cause, for a few cases have occurred among troops not thus quartered. A lad nine years old,