

# Drug Treatment in 1909

Turner's textbook of 1907 summarises the advanced medicinal management of epilepsy at the time – a therapy dominated by the use of bromides. In his series of 366 cases of epilepsy seen at the onset of the condition, bromide-induced long-term remission was obtained in 23.5% of patients, significant reduction in seizures in 28.7%, and no effect in 47.8%. In chronic patients, the effects were far less satisfactory. Turner took the view that the sodium and potassium salts of bromide were more efficacious than strontium or lithium salts, but that doses should not generally exceed 45–60 grains per day (much higher doses were commonly employed at the time). To obscure the taste, the 'syrup of Virginian prune may be added as a pleasant medium for their [bromide salts] administration'.

The other drugs he mentions in his texts as useful were borax, chloral and belladonna. Zinc salts (oxide, valerianate and lactate) were 'only occasionally successful . . . more especially in the hands of the French physicians'.

## Therapy in 1909: drugs recommended by William Aldren Turner

<i>Drugs of definite benefit</i>	<i>Drugs of limited benefit</i>	<i>Drugs of no special benefit</i>
Bromide–Sodium and potassium primarily or Gelineau's formula.	Belladonna	Monobromate of camphor
Other synthetic formulations (e.g. bromipin, bromaline, bromocarpine) or salts (e.g. strontium or ammonium)	Zinc salts (oxide, valerianate, lactate)	Eosinate of sodium
Chloral hydrate	Opium	Chloretone
Borax	Strychnine	Antipyrin
	Chloride of calcium	
	Atropine	
	Glycerophosphates*	

\* Had in Turner's view little advantage

