through the left orbital plate and across the vault to the right ear; dural thickening and adhesions to the site of injury; pus over the meninges at vertex, base and spinal cord; abscess of each frontal lobe. The clinical features were edema due to abscess which in left side broke into the ventricle and relieved lesion and temperature; large destruction of brain substance; extreme photophobia; length of time patient survived, and absence of paralysis.

Case II.—Soldier, aged fifty-six years, was ill several days before admission; right hemiplegia; slow speech and cerebation; eight day violent convulsion, controlled by drugs; no more convulsions, but frequent twitching; death twenty-four days after admission, thirty days after first seizure; nourishment taken up to day of death; highest temperature 99.8° F.; no affection of breathing. Post-mortem lesions were as follows: Dura frequently and firmly attached to the calvarium; its veins enormously dilated; brain substance very soft; on section left hemisphere showed three clots, the first, 1¾ inches in diameter, near surface just below the fissure of Rolando; the second lower down inside the middle frontal convolution; the third in the occipital region; on the right side three other clots in about the same sites and sizes were found; of all the oldest was in the right frontal and the newest in the right occipital lobe; a seventh clot was in the left cerebellar hemisphere. Apparently the cerebellar clot alone caused the convulsions, because there was only one attack of them. The difference in the ages of the frontal clots ought to have caused two sets of convulsions which was not the history.

Case III.—Brain injury without death. The patient, a lad was caught between a fixed upright beam and a horizontally moving machine arm ¾ of an inch square; small temporofrontal scalp wound; probe disclosed fracture and tract into brain, 2½ inches deep, by its own weight; no operation; sterile dressings; recovery; at time of injury he walked 200 yards for medical help. These cases seem to show great effort by the brain to repair damage, and ability to sustain enormous injury.

JELLIFFE.

THERAPY.

DIE THYREODISCHE NAHRUNG IN EPILEPSIE (Thyroid Feeding in Epilepsy). Froehñ and Hoppe (Psych. Woch. 1899, No. 35).

The authors hold that in epileptics nitrogen excretion is imperfect and therefore thyreoidin is indicated as a remedy in certain cases of epilepsy. Two patients were chosen for experiment, one was dependent upon a focal brain lesion. During administration of thyreoidin the elimination of NaPzO₅ and NaCl were increased. In the case of focal epilepsy the bodily nutrition was not disturbed, but in the idiopathic case the seizures ceased as soon as the nitrogen eliminated exceeded that which was ingested. It ultimately became necessary to discontinue thyreoidin because of loss of weight and irregular pulse; upon its withdrawal the convulsions returned.

CLARK.

DORMIOL IN EPILEPSIE (Dormiol in Epilepsy). E. Schultze (Neurol. Centralbl. March 15, 1900).

In an article on this new hypnotic the author first shows that the drug is a product of the chemical union of a phenacetin derivative and chloral (dimethyl-ethyl-carbinol-chloral). It has an odor like menthol, is soluble in most menstrua but in water only after prolonged standing. It may be used in the same dosage as chloral. It

has been given freely in the local (Andernach) provincial hospital (60 cases) and was found to be an excellent hypnotic, usually producing sleep inside the first half-hour, the effects persisting from five to seven hours. The author thought it would be a beneficial remedy in the period of excitement of epilepsy as both its congeners, chloral and hydrate of amylene have that property. It was given in some cases hypodermically to the epileptic patients. There was never any local reaction. The drug was used only in a few old cases. While the author is not enthusiastic over the results obtained, further careful trial is suggested in more favorable cases. CLARK.

DIE BEHANDLUNG DER EPILEPSIE (The Treatment of Epilepsy).

Kothe (Neurol. Centralbl. March 15, 1900).

The author speaks hopefully of the prospect of curing epilepsy; his own personal experience is becoming more favorable each year. During the past thirteen years he has treated forty-seven cases of genuine epilepsy for long periods, all were from the better class, mentally sound, and ages ranged from seventeen to thirty-nine. His plan of treatment may be summed up as follows: (1) There is no specific for idiopathic epilepsy, instead there is a regimen made up of numerous factors each more or less important. (2) Treatment must, when possible, begin as soon as the diagnosis is made and be continued for six months at least, and if possible one or two years. (3) Treatment should be carried out at an appropriate place. Climate is an important factor. The most favorable locality is a wooded country of moderately high elevation. (4) The whole life must be regulated, including psychical, motor and vegetative functions. (5) Particular care is necessary with regard to the bed-rest and sleep. Wetterstrand's psychical treatment of prolonged hypnosis is not counseled because confidence in the physician will be better than suggestion. (6) Not less important is diet; vegetable food is to be preferred (Ziehen forbids strong broths); too concentrated foods are bad. (7) All violent and sudden therapeutical procedures must be avoided. A luke-warm bath or pack daily may be safely given, but even this should be intermitted one day in the week. (8) Electricity, massage and gymnastics have not been brought by the author in accord with curative results. All these measures have a local value, however, such as in antagonizing paralyses, etc. (9) Of all internal remedies bromides give the best results, they are a link in the curative chain and their use must be continued for long periods. The different salts may be alternated, as in prolonged administration the system gets too much potassium, etc., as well as bromide. (10) Bromipin (10% bromine in oil of sesame) gives especially good results without producing bromism. It has also a high nutritive value. (11) When bromipin cannot be taken by mouth it may be given by the rectum. One dose is given just before bedtime; given per rectum, bromine is found in the morning urine. The author used a special 33½ solution in status epilepticus with good results. (12) For old cases in which bromides are of no avail, Flechsig's treatment may be employed. The author has got several good results from it. However, since using bromipin he has not had occasion to employ the Flechsig treatment. When a new case is admitted whether old or recent, the author first places his patient at rest in bed for a number of weeks; he is disturbed only to receive a luke-warm bath perhaps twice weekly. No medicines are taken at first, but after a week in bed, the bromides or bromipin are begun, and usually bromipin per rectum, going from 15 to 40 c.cm. daily. The maximum is held for two or three weeks