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) Bromopin (10% bromine in oil of sesame) gives especially good results without producing bromism. It has also a high nutritive value. (11) When bromopin 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 bromopin 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 bromopin are begun, and usually bromopin per rectum, going from 15 to 40 c.cm. daily. The maximum is held for two or three weeks

and the dose is then reduced to the initial in six or seven weeks more. Recoveries are now obtained where before they were not obtainable, but no figures are given. CLARK.

DIE BEHANDLUNG DER EPILEPSIE (The Treatment of Epilepsy).

Fürstner (Allgem. Zeitschr. f. Psychiatrie, March 1, 1900).

The author read a paper on this subject before the 30th meeting of the Southwestern Society of German Alienists, which was fully discussed. His paper contains nothing especially new, being a good summary of the modern school of epileptology (institutional treatment, etc.). He spoke of some cases in which convulsions immediately cease when patients are brought into an asylum and bromides discontinued. In the discussions following, Battlehner asked for an explanation of this fact; in reply it was stated that the phenomena which disappear under these circumstances are probably hysterical.

Wildermuth expressed himself as a strong believer in the diagnostic value of bromides. Whenever a case of epilepsy will not yield to bromides he suspects either a hysterical element or organic brain-lesion. The prognosis of epilepsy of children is not so bad. Wildermuth has seen complete cures, the former patients becoming able to do military duty. This author held that the only form of real epilepsy not amenable to bromides is an unusual rapidly recurring petit mal (20-30 daily attacks). Friedländer described a bromide eruption bearing no resemblance whatever to bromide acne. Quczek held that bromide is of the greatest value in distinguishing between epilepsy and hysteria; he believed that the use of the drug is often perhaps the only means of distinguishing between these affections. In the further discussion of the subject of Fürstner's paper, Mayer reported two cases of status epilepticus successfully handled by bromide in enema, while Wildermuth praised hydrate of amylene in the status. Fürstner in conclusion stated that he employed naftalan with benefit in bromide acne. CLARK.

THE TREATMENT OF HYSTERIA. R. E. Wrafter (Indian Medical Record, January 10, 1900).

The author's experience in India leads him to the following general conclusions. The first object is the relief of the patient during the actual paroxysm. If the attack is severe and protracted, care is to be taken that the patient does not injure herself. Cold water to the face, fresh air, rubbing the temples with spiritus aetheris comp., are often effectual to stop the paroxysm. It is usually impossible to give medicine by the mouth as the teeth are either tightly shut or the patient cannot swallow. Should it be possible, however, it may be advisable to give internally a mixture of spiritus chloroformi, spiritus aetheris comp., and aqua camphorae together with tinct. lavendulae comp. If this cannot be done, an enema of ol. terebinthinae or tinct. asafoetida may be employed to cut short the attack. In the interval between attacks, internal medicine to allay the excitability of the nervous system and to improve digestion may be of advantage. In plethoric patients, cathartics, low regimen and regular exercise are useful. In languid patients, tonics are indicated. Myrrh, bromide of potassium and cinchona, a course of mineral water, daily exercise, tepid bathing and generous diet will prove very efficacious as adjuncts in the treatment. Aromatic distilled waters are useful as carminatives where flatulency is present. Hysterical patients should never be roughly treated and above all, the physician must always treat and remedy other diseases. Some management of the mind looking to its greater stability is also very useful when properly car-