mann states that the overaction of camphor monobromate corresponds to acute camphoresia. Van Jaksch describes the symptoms of the latter, and these include epileptiform convulsions. The bulky ingestion of camphor causes gastritis, coma and convulsions. Eulenburg's Realencyclopädie gives the same account. Recent cases of camphor poisoning usually refer to the presence of convulsions (Craig, Brit. Med. Journ., 11, 660; Spenglin, Ibid, 1898, 11, 84). Notwithstanding this fact, monobromate of camphor is continually recommended in epilepsy. It should be given with great caution where a convulsive predisposition is in evidence. CLARK.

EPILEPSIE ET APOPLEXIE (Epilepsy and Apoplexy. Brunet (Archives de Neurologie, March, 1900, lx., p. 224).

Cerebral diplegics are rarely epileptic although more than eighty per cent of infantile cerebral hemiplegics become so. A few of the latter may become diplegic with consequent improvement in the existing epilepsy. The explanation is made upon the hypothesis that bilateral brain palsy tends to a stability or equilibration of brain activity which is wanting in spasmodic infantile hemiplegia. However, such an hypothesis lacks much in real demonstration. Contrary to what would appear to be the case, apoplexy occurs but rarely as the result of true or essential epilepsy. This in a measure accounts for our lack of knowledge of the influence which a well-marked apoplexy would have on an existing epilepsy. A rare and unique case of this kind has been reported by Brunet. In this case of hereditary epilepsy of fifty years' standing, a superimposed apoplexy apparently cured the epilepsy. The case was a woman, who contracted epilepsy after an attack of scarlatina at seven years of age; the father was also epileptic. Typical epileptic convulsions occurred every one or two weeks for fifty years, at the end of which time she suffered an incomplete left hemiplegia. During the next three years the seizures gradually diminished. After this period and for seventeen years, until the date of her death by a second stroke of apoplexy, she did not have another epileptic paroxysm of any kind although very carefully watched day and night for several years. Her mental state also underwent gradual improvement from the time of the stroke and the cessation of the epilepsy. Unfortunately, no autopsy was permitted for studying this clinico-pathological freak. CLARK.

CONSERVATIVE CRANIECTOMY IN EPILEPSY. (1) Thouvenet (Abstract by Mirallié in Arch. de Neurol., Mar., 1900); (2) W. P. Spratling (Philadelphia Med. Journ., Jan. 28, 1899); (3) Mirallié (Arch. de neurol., Mar. 1900).

Opposition to trephining for the cure of epilepsy is steadily growing and the unsatisfactory results are being constantly reported both in this country and abroad. In 1896 Thouvenet published a thesis containing the description of four "brilliant" permanent recoveries of Jacksonian epilepsy by trephining, which finally relapsed after a considerable period of freedom from seizures. Recently Spratling has reported in detail seven cases from an experience of twice that number, in which craniectomy was followed by harmful results to the epileptic by hastening status and dementia. In these cases beneficial results were also reported a short time after operation. Bourneville two years ago presented a careful thesis on failures in craniectomy for the treatment of epilepsy.