combination of the two currents will be useful, and will hasten recovery. In some cases in which electrical treatment has not been applied, or if so, it has been carried out in an unsystematic manner, so that at the end of four weeks the condition has become chronic and ultimate recovery doubtful, the author has seen good results from galvanic treatment for four weeks, quite upsetting a prognosis given without a trial of the continuous current. In the chronic form of case, especially when a little voluntary power has returned, the author has seen "considerable benefit accrue from the use of a small silver hook placed in the corner of the mouth, and attached by means of an elastic loop to the ear of the same side. Every movement of the muscles of the lips and cheek alters the tension of the elastic pull of the hook."

It is the paralysis of the orbicularis of the mouth and the buccinator which constitutes the most unpleasant feature of the affection, as it impedes speech, interferes with eating, and allows the saliva to run out of the corner of the mouth. The pull of the elastic is in direct antagonism to the action of the orbicularis, so that by using this apparatus, which has been called a "face crutch," the muscular work performed by that muscle and in certain positions by the buccinator is increased. In using the hook the tension of the elastic must be arranged so that the pull on the corner of the mouth is sufficient to widen the aperture about one-quarter inch. At first the apparatus should be worn for about ten minutes, and never for more than an hour at a time. If a feeling of cramp in the cheek occurs, the hook should be taken out at once and the face rested. This artificial method of exercising the muscles should also be combined with ordinary massage.

BONAR.

THE PALLIATIVE TREATMENT OF PARALYSIS AGITANS (E. Williamson (Practitioner, April, 1900).

The author remarks quite truly that although there are no known means of curing the disease or checking its progress, yet by paying attention to some points in the general treatment, and by the use of a drug which he recommends, the distressing symptoms may be alleviated, and the patient's condition be made more comfortable.

As regards the general treatment, it will be found that mental excitement, the visits of many friends, and mental worry and anxiety increase the tremor and restlessness, and hence it is important that the patient should lead a quiet life, and be spared from mental excitement and worry as much as possible. As the tremor often diminishes markedly when reading an interesting book, or, in the case of female patients, when sewing or engaged in needlework, it is well to advise the patient to occupy his time in some similar way. The tremor may be checked for a minute or two by a mental effort, or by grasping some adjacent object, such as a chair. Some patients find that they can check it for a time by placing the hands on the sides, and in some cases the tremor can be arrested if a friend seizes the arms and holds them vertically above the head. A warm bath will also often cause a diminution of the tremor for several hours. Wine, alcoholic drinks, and strong tea and coffee cause the tremor to increase, and therefore if alcohol in any form is taken, it should be only in very small quantities and the tea and coffee must be very weak. It is important that the patient's room should be well ventilated, and not too warm, as a warm, stuffy room makes the restlessness worse. In the open air the patient usually feels better, and one of the best

means of relieving uncomfortable sensations and restlessness of the muscles is life in the open air. During a railway journey or a drive in a carriage the trembling is diminished, and the same occurs when the patient is wheeled about in a bath-chair. When the disease is advanced, the patient has very great difficulty in walking without assistance. He is very likely to fall, and if he falls he cannot get up again, so that he should never be allowed to go about alone when the walking becomes difficult.

With respect to the treatment by drugs, the author has tried carefully numerous drugs which have been recommended by authors, but usually without obtaining the slightest benefit. He does not like hypodermic injections, as he thinks it undesirable to give drugs hypodermically day by day in a disease of such long duration if benefit can be obtained by other methods of administration. The only drug that he has found of real service is hydrobromate of hyoscine, which he at first gave in the form of a pill, containing from 1-200 to 1-150 of a grain, but without result. At a later date he gave larger doses in solution in chloroform water, and found it of distinct service. The author says the practitioner should be cautious and not begin with more than 1-150 or 1-100 of a grain given by the mouth, but he also goes on to say that he has found small doses of the drug to be of no use, but that when increased to 1-75 of a grain in chloroform water good results have followed. Merck's hyoscine hydrobromate, obtained directly from Darmstadt, is particularly recommended. Hyoscine, the author says, not only diminishes the severity of the tremor, but renders the patient more comfortable. He has given it to one of his patients in 1-75 grain doses three times daily, with short intermissions, for three years. If the patient suffers from sleeplessness, a little whiskey and water may be given at bedtime, or sulphonal may be employed. Hyoscine, however, is also useful; a dose containing 1-75 of a grain in chloroform water should be put at the bedside of the patient, to be taken soon after going to bed, if sleep does not occur, or if the patient wakes very early in the morning and cannot get to sleep again.

JELLIFFE.