

day, after which the patient practically slept for three days, and was unable to stand for a week longer. Five weeks after the cessation of the bromide he had completely recovered from its effects, and had lost all desire for morphine and alcohol.

The following advantages are claimed for this method, based, it must be remembered, on only two cases:

1. It did away with the suffering entailed by stopping the drug.
2. The patient could not bribe the attendants when the drug was withdrawn, he could not deceive his doctor, nor could he escape vigilance—he was powerless.
3. It acted equally well whether the patient wished to be cured or not.
4. No special attendants or establishment were needed; only nurses who took ordinary care.
5. No violence or excitement is likely to result from, nor a taste to arise for, bromide given in this way.

PATRICK.

217. DES ANASTOMOSES TENDINEUSES ENTRE MUSCLES SAINS ET MUSCLES PARALYSÉS POUR LA CORRECTION DES DÉVIATIONS OU DIFFORMITÉS PARALYTIQUES (Tendinous Anastomoses for Paralytic Deformities). Rochet (Lyon Médical, 85, 1897, p. 579).

The author reports 5 examples of this operation, which promises to be of signal value in certain cases of deformity and disability from paralysis more or less limited in distribution. Four of the cases were old infantile spinal paralyses, and one a spastic hemiplegia from infantile cerebral disease. Four operations were done for paralysis and deformity involving the hand and fingers, and one for pes equinovarus. The tendon of a healthy muscle after division was either inserted laterally into the tendon of a paralyzed muscle, or after section of this latter united to the cut end. The results in all of the cases were satisfactory, and in some surprisingly good.

For surgical details the reader is referred to the original, which, on the whole, is an admirable paper.

PATRICK.

218. DE LA VALEUR THÉRAPEUTIQUE DE L'ÉLECTRICITÉ DANS LE TRAITEMENT DE L'HÉMIPLÉGIE CÉRÉBRALE (The Therapeutic Value of Electricity in Cerebral Hemiplegia). P. Dignat (Bull. Gén. de Thérap., 1897, p. 397).

In quite an elaborate discussion of the subject, the author reaches the following conclusions: 1. In no case of cerebral hemiplegia should electrical treatment be begun for several days subsequent to the attack. 2. At about the end of the third week, electrical interference may be instituted, in which case it should be limited to faradization of the affected muscles for a period of two or three weeks. 3. Then the faradic should be substituted for the constant current, applied along the vertebral regions. The intensity of the galvanic current should be 4 to 5 ma. to begin with, gradually increased, during the course of treatment, to 15 ma., but never higher, and the duration of a séance 10 to 15 minutes, changing the poles once or twice during each application. 4. If the patient shows appreciable evidence of improvement after several days of this treatment, and nothing points to a secondary degeneration, it may be discontinued entirely. However, it is advisable to keep the case under observation, applying static electricity from time to time, in order to keep up the general nutritions, and especially to ward off any functional disorder. 5. In case of permanent secondary contractions, the galvanic current should be used for a long time. 6. No electrical treatment should be prescribed for patients in which the development of focal epilepsy is apprehended.

MACALESTER.