

standing, in a man, aged twenty-six, whose history is somewhat imperfectly given. He had a depression in the right parietal bone. He had had hemiplegia for several months after the injury, and the left hand was still somewhat weak.

Operation, which was recommended as a last resort, produced some relief.

The seventh case is a most instructive one. The patient, a married woman, aged thirty-nine, was struck on the left parietal region, and knocked down. After this, hemiparesis, right facial paralysis, and epileptic attacks appeared. She was trephined over the posterior central convolution. Patient died, and post mortem showed a growing tumor directly under the site of the trephined orifice.—*N. Y. Medical Journal*, April 21, 1883.

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DANGERS OF THE BROMIDE TREATMENT OF EPILEPSY.—Dr. Wm. H. Hammond calls attention to possible dangers in the bromide treatment of epilepsy. He has observed that bromism predisposes to lung trouble. In two cases of his, pneumonia supervened upon bromism, and the patients died. In another case cited by Dr. Hammond the patient died from the effects of bromism.—*New York Medical Journal*, March, 31, 1883.

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NITRO-GLYCERINE IN EPILEPSY.—Professor Berger states that he has used nitro-glycerine successfully in many forms of headache, but that in epilepsy he could get no good results.—*Breslau. ärzt. Zeitschr.*, No. 8, 1883.

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MULLEIN PITH IN EPILEPSY.—Dr. N. J. Sullivan, Canyonville, Oregon, states that a decoction of mullein pith in combination with the usual doses of potassium bromide markedly increases its effects in epilepsy.—*The Druggist*, July, 1883.

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ATROPINE IN EPILEPSY.—Dr. Max Weiss urges the use of atropine in the treatment of epilepsy, the especial point being the advantage of giving very large doses. He gradually increases the amount until the patient gets gr.  $\frac{1}{8}$  to gr.  $\frac{1}{3}$  a day.—*Centralbl. für die Gesamte Ther.*, June, 1883.

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UPON THE SYMPTOMATIC TREATMENT OF PARALYSIS AGITANS.—A. Erlenmeyer, admitting that owing to our ignorance of the real nature and cause of paralysis agitans the disease must be treated empirically, describes his experience in a typical case, of the hemiplegic type, which he had under observation for two years. The special symptoms demanding attention were the tremor, insomnia, and hyperidrosis [the distinguished Professor spells it "hyperhydrosis"]. The patient was a sewing-woman, sixty-four years old, and the disease was well developed when first