

the attacks come on. If they appear during the day, two large doses of the bromides are given night and morning. If at night only, one dose is taken on going to bed. Bromide must be taken for a long time; for two years, at least, after the last epileptic attack. During treatment the remedy must never be discontinued, even for intercurrent disease. When the amount required as a daily dose to hold attacks has been discovered, it need never be varied, but given steadily until treatment is no longer necessary. About five per cent. of epileptics are unable to take bromide at all. For these there remain preparations of copper, bismuth, silver, arsenic, atropine, canabine, lobeline, digitalis and curare. Among the newer remedies are hydrate of amylene, antifebrine, antipyrine, borax, nitro-glycerine, asmic acid and ergot. Coffee, tea, tobacco, spices, and alcohol especially, must be forbidden. Epileptics should eat oftener than others, to avoid eating too much at a time. If the attacks are nocturnal, the last meal should be very light and taken early, omitting all meats and fat foods. If there is much anæmic or profound exhaustion, nitrogenous food and the Weir Mitchell treatment are recommended. Out-of-door life and absence of intellectual strain are conditions most favorable to the epileptic. Eulenburg considers electricity and hypnotic suggestion thoroughly rational in the treatment of epilepsy. Hydrotherapy is of service, though sea bathing is contradicted. L. F. B.

***On a Case of Epileptic Salivation.***—By Chas. Féré (*Ext. d. Comptes Rend. d. Séances d. l. Soc. d. Biologie*, 1894, March, April, May.)

In a case of epilepsy with classical attacks, which disappeared after the prolonged employment of large doses of the bromides, equivalents, as follows, developed: pallor, ocular convergence, extension of the head, absent-mindedness, open mouth, from which flowed large quantities of saliva (as much as 124 grammes). From time to time there was sudden salivation without loss of consciousness or vertigo.

Féré believes this case to support Bechterew's view that the cortex exerts an influence over the salivary secretion. P. M.

***Clinical Testimony on Sulfonal.***—In a review of the more recent additions to the *Materia Medica* Dr. Julian (*North Carolina Medical Journal*) writes as follows regarding his personal experience with Sulfonal: "It is