

TREPHINING FOR EPILEPSY.—Says Dr. Minor (*Boston Med. and Surg. Jour.*):—There are three main indications for trephining in epilepsy that hold good, provided medical treatment or the removal of peripheral irritation by other methods fails to cure or relieve.

1. In the distinctly traumatic epilepsies following depressed fractures and other lesions of the skull.

2. In the traumatic epilepsies in which the only visible lesion consists of a scalp wound that is sensitive or tender, and upon which pressure develops either an aura, vertigo, or an epileptic seizure.

3. In all epilepsies, whether traumatic or not, in which the character and development of the seizures is such as to indicate a definite motor area as the seat of a cortical lesion.

The contra-indications, he went on to say, were, in brief, those that might be applied to cases of such long duration as to lead to marked mental degradation; to cases in which from the first the seizures had been general and sudden; to cases where the general symptoms indicated an extensive cerebral degeneration, and to cases where, in addition to any or all of these conditions, there was nothing in the symptoms or history of the case to indicate a definite or circumscribed lesion of the cortex that could be reached or removed.

TREATMENT BY SUSPENSION.—Little seems now to be written or said, says *The Lancet*, regarding this method of treatment in this country. On the Continent, however, it is still used, but apparently its sphere is being gradually narrowed. In the *Deutsche Med. Wochenschrift*, 1890, No. 37, Rosenbaum gives the results observed in a series of cases seen at Mendel's clinic in Berlin. Of sixty cases which had a full course of treatment, there were twenty-five which improved. The improvement was most marked as regarded ability to stand and walk; the pains were lessened in frequency, but not abolished; incontinence of urine was temporarily improved in some cases, but it is not claimed to have been cured in any. As to improvement in the acuteness of vision in cases where the sight was affected, nothing very definite seems to have been experienced. It is to be noted that the cases in which improvement is said to have taken place are all cases of locomotor ataxy. The author is not enthusiastic as to the efficacy of

suspension, but thinks it might be tried, and is of opinion that in estimating its value from the therapeutic point of view, allowance must be made for the very considerable mental effect produced on the patient.

IMPORTANCE OF EXAMINATION OF THE TEETH IN EPILEPSY.—Dr. Bakowski mentions in the *Przeglad Lekarski (Lancet)* an instructive case of epilepsy occurring in a young Jewess. It had been going on for nine months, and latterly the fits had become more frequent, there being several every day. Bromide of potassium, quinine, arsenic, and asafoetida had been given without any effect. Finally, although there was no complaint of toothache, it was decided to examine the mouth. Two teeth were found to be carious—the first upper molar on the right and the first lower molar on the left side. These were extracted, with the result that the fits entirely ceased and did not return, though the patient was under observation for six months subsequently. Upon being closely questioned the girl remembered that before the fits commenced she had had some unpleasant sensations in the affected teeth, but nothing that could be described as pain.

EHRlich's TEST FOR TYPHOID FEVER.—The difficulty of the early diagnosis of typhoid is recognized by every practising physician, and any aid in that direction should be very thankfully received. The following is said to be certain: Make two solutions, one consisting of seventy-two minims hydrochloric acid and ten grains of sulphilic acid in three ounces distilled water; the other, a freshly-prepared one-half per cent. solution of sodic nitrite in distilled water. To twenty-six parts of urine from a typhoid fever patient, add twenty-five parts solution one, and one part of solution two, and the mixture is rendered alkaline by addition of ammonia. A bright orange-red color appears.

Says the *Hospital Gazette*:—We understand that Dr. Duke, of Dublin, has designed, or will shortly publish an illustration or description of a new form of chloroform inhaler, the advantage claimed being that the valves are made to sound on the slightest inspiration or expiration of the subject under chloroform, and so give immediate notice of any change in the respiration. When