

probably depend on auto-intoxication from the alimentary canal. The author gives some details of ammoniæmia, hydrothionæmia, acetonæmia, and the intoxication due to the organic acids, and refers to the excretion of poisonous products by the urine in acute and chronic diseases.—*Br. Med. Jour.*

THE DIET OF EPILEPTICS.—The influence of diet upon epilepsy is a matter of peculiar importance in the treatment of the disease. In a certain sense epilepsy is always reflex. The starting point of a fit must be looked on as an extrinsic irritation, and in many cases it arises from indigestion. Errors in diet, however, probably influence epilepsy in other ways than this. The portion of food which is absorbed may be injurious, besides that which, remaining undigested, acts as an irritant, and there is a good deal of clinical experience in favor of supplying a minimum quantity of meat in cases of this sort, not on account of it producing indigestion, for it is often digested quite well, but because of its imagined effect in increasing the "irritability" of the nervous structures—a somewhat hypothetical property, but one based on the same sort of rough observation as is the well-recognized relation between corn and skittishness in horses. The interest of this subject has led us to make inquiries as to the food given to the patients at the epileptic colony at Chalfont St. Peter, and by the courtesy of the secretary we have been furnished with the daily dietary for a fortnight. Breakfast was on each day the same, consisting of oatmeal porridge, with new milk or sugar, tea and bread and butter. Dinner consisted of roast or boiled or hashed beef or mutton, with cabbages and potatoes, followed by a rice, sago, tapioca, suet, or jam-roll pudding. Tea was accompanied with bread and butter or dripping, or sometimes golden syrup or currant cake. Supper generally included some pudding, with milk and bread, varied occasionally with soup instead of pudding. On Friday fish was given instead of meat. It must be noted that all the inmates are men. At the present time they are nearly all engaged in outdoor work for a considerable number of hours a day, which probably enables them to assimilate, without difficulty, a somewhat freer diet than would be possible in other conditions; and it is not improbable that the improved nutrition, due to the combination of active work with a dietary better than could be digested in a sedentary life, may be a not unimportant factor in relieving the disease.—*British Med. Jour.*

MEANS OF COMBATING THE PENETRATING ODOR OF THE SWEAT AND URINE OF CERTAIN PATIENTS.

—It is well known that oil of turpentine taken by the mouth imparts to the urine an odor of violets; but it is not generally known that, by prolonged

administration of this drug, the intolerable smell of patients suffering from incontinence of urine may be suppressed. According to Dr. Brassert, Assistant to Dr. H. Emminghaus, Professor of Psychiatry at the Medical Faculty of Friburg-in-Brisgau, it is sufficient to take ten minims of rectified oil of turpentine in a little milk or water three times daily to cause the odor of urine to promptly disappear completely, and replace it by the scent of violets to the great satisfaction of those around the patient. This measure, which has long been employed with invariable success of Prof. Emminghaus' wards, may be continued without inconvenience for several weeks, and is contra-indicated only in cases of ulcers of the stomach, gastric catarrh and nephritis, or when the oil of turpentine determines dyspeptic or other morbid symptoms.

This treatment is of great value, especially in cases, so frequent in private practice, in which the arrangements and constant care, necessary to keep a patient afflicted with incontinence of urine in a state of perfect cleanliness, are more or less lacking.

Another deodorant, which is also successfully employed in the psychiatric wards at Friburg in the case of patients whose cutaneous secretions are particularly offensive, is the daily administration of a bath, in which three or four grammes ($\frac{3}{4}$ —1 drachm) of permanganate of potassium have been dissolved. Such baths do not in the least affect the general condition of the patients, but under their influence the nauseating odor which they exhale rapidly disappears.—*Med. Week.*

SERUM THERAPY IN DIPHTHERIA.—AN UNSOLVED PROBLEM. — Highly favorable as have been the majority of the numerous reports on the serum treatment of diphtheria, signs are not wanting that their roseate hue may somewhat fade before the search-light of unimpassioned criticisms. It is now only a month since Dr. Hansemaun, one of Professor Virchow's assistants, first drew attention to the liability of antitoxin to increase the diphtheritic tendency to nephritis, and both our home and foreign correspondents have given further evidence in this direction, as well as of other ill-effects in the shape of an increased proportion of deaths by cardiac failure, septicæmia, etc. Reports which simply give statistics of decreased mortality without any definite statement as to the mode of death, can afford us no information as to whether the effect of antitoxin on the vital organs is in excess of that which has been found to obtain under the older treatment. Since reliable information in this direction can only be derived from carefully recorded autopsies, it is to be hoped that in every case of death under this treatment a post-mortem examination will be