

Bromides lessen the fits in from eighty to eighty-five per cent. of cases.

Bromides do no good, or do actual harm, as regards frequency of attacks, in from five to ten per cent. of cases. Bromides do no actual good to the patient in a much larger proportion of cases.

XII. To prevent bromide acne, arsenic, calcium sulphide, baths, and diuretics are the best measures, or hydrobromic acid may be used.

To prevent bromidization, adopt all possible roborant measures: use salt-water baths and regular physical exercise, give black coffee, caffeine, cocaine, mineral acids, strychnine, bitter tonics, cod-liver oil, or give large doses of the bromides every three days only.

In all cases dilute the bromide, preferably with carbonic acid water on Vichy, in the proportion of six ounces of water to a scruple of the drug.

The continuous administration of an alkaline bromide in an alkaline water sometimes effects the bladder, and then the bromides can be given dissolved in hydrobromic acid.

XIII. The remedies that are especially useful in *petit mal* are, after the bromides, belladonna, glonoin (?), Cannabis indica (?), cod-liver oil, ergot (?), counter-irritation at the back of the neck, and cold spinal douches.

XIV. For epilepsy in children, besides the bromides it is advisable to employ a milk diet, rest, and oxide of zinc. Belladonna, if tried, should be given cautiously.

XV. For adults and chronic cases, use the bromides, belladonna, iodide of potassium, and ammoniated sulphate of copper. Oxide of zinc is here of less value.

XVI. For nocturnal epilepsy, increase the dose of bromide at night, and add chloral or digitalis. Give also, if needed, strychnine. Raising the head of the bed or making the patient sleep in a chair at night, are measures to be tried.

XVII. For hysterical and erythritic cases, with or in place of bromides, give a diet of vegetables. Try turpentine, valerian, or zinc. Belladonna is usually contra-indicated.

XVIII. Counter-irritation by means of blisters, issues, and setons at the back of the neck, is a useful adjunct to treatment, especially in *petit mal* and in cases with mental derangement.

XIX. For the status epilepticus, give large enemata of chloral, and use emetics and purges. Venesection is often efficacious, morphine is dangerous, chloroform is only palliative, and nitrite of amyl is of little value.

XX. To prevent impending attacks, the best remedy is nitrite of amyl, which may be carried in a phial filled with cotton. Inhalation of chloroform or ammonia, the internal administration of ammonia, spirits of lavender, or alcohol, a sternutatory, and pressure on the carotids—all are measures which sometimes stop the attack.

XXI. Alterative and habit-breaking drugs, such as mercury, iodide of potassium, arsenic, antimony, are useful in epilepsy.

XXII. No surgical measures upon ovaries, uterus, testicles, cranium, or elsewhere will cure an established long-standing epilepsy, except in rare cases. Such operations, if done, should be undertaken early, before the patient has had an excessive number of fits.—Dr. Dana, in *N. Y. Med. Jour.*

LUNG TEST IN INFANTICIDE.—Sommer, of Dorpat (*Viertelj. f. gericht. Med.*) furnishes a contribution to the controversy which has been carried on for over three years, as to the effect of Schultze's method of artificial respiration on the reliability of the hydrostatic lung test in cases of infanticide. It will be remembered that, in 1883, Runge called attention to the fact that Schultze's method of swinging the child was not only efficient in causing apparently dead newborn children to respire, but was also capable of more or less distending the lungs of really stillborn children; and he therefore urged the importance of bearing this in mind in cases of alleged infanticide. The possibility of such inflation being produced in the dead child by Schultze's method—whereas it is well known that all previous methods of artificial respiration have failed to produce such an effect—is, apart from actual direct experimentation on the dead, rendered more likely, since Torggler has recently shown, by a series of careful experiments (*Wien. Medic. Bl.*, 1885, Nos. 8 10), that Schultze's method is of all methods of artificial respiration the most certain in restoring newborn children. Direct experiment on the dead is attended with difficulty, since it is in the great majority of cases difficult to prove that the inflation of the lung was not produced by some unobserved inspiration during or after the birth of the child. Hence so eminent an authority, as Hofmann, of Vienna, maintains that the air found by Runge and others in the lungs of stillborn children, after manipulation by Schultze's method, has really entered the lungs before, and is the result of aborted natural respiration. He himself has made the experiment with absolutely stillborn children, but found no air in the lungs. It is alleged, however, by Runge, and those who agree with him, that the children with which Hofmann made his experiments were not full-grown fœtuses, and that immature fœtuses (eight months and under) are known not to have their lungs affected by Schultze's method. This allegation appears to be borne out by a reference to the children operated on by Hofmann.

Prof. Schauta has written a paper in which he supports Runge; while, in a still more recent paper, Dr. Nobiling takes the side of Hofmann. Sommer, who is Runge's assistant, now takes up