of cases. He distinguishes three classes of inebriates: (1) paroxysmal cases, where there are often premonitory symptoms in change of character, morbid impulses, etc., treatment of which may abort the attack; (2) delusional inebriates with mental exaltation, which may be prodromal to general paralysis; for such cases rest and change with eliminative and subsequently tonic treatment are indicated; and (3) senile and demented cases.

Crothers attaches a high value to treatment by suggestion, but holds that, at least in its simple form, it is never sufficient alone to effect a cure. He insists on the need of supplementing it by drugs and physical methods, having as their end—first, the promotion of elimination by skin, bowel, and kidneys; and secondly, the re-establishment of nervous tone. For the latter purpose strychnine is the most useful agent amongst drugs.

Regarding the home treatment of cases of delirium tremens, the author advocates the use of massage and hot baths with mild purgation in the early stages, and is strongly opposed to the exhibition of narcotics. He adds a word of warning, by no means superfluous, against the dangers of over-feeding in the early stages of the attack; at this time the risk of exhaustion is usually small compared with that of further poisoning the patient with products of intestinal fermentation.

W. C. SULLIVAN.

The Suppression of Salts of Chlorine from the Diet in the Treatment of Epilepsy by Bromides [La diète hypochlorinée dans le traitement bromique de l'épilepsie]. (Rev. de Psychiat., No. 4, April, 1902.) Cappelletti and D'Orméa.

The authors give the results of their treatment of epileptics by the method suggested by Richet and Toulouse, according to whom diminution of the excess of chlorides present in the organism favours the curative action of bromide salts in epilepsy without disturbing appreciably the normal physiological metabolism. They experimented on twenty patients, eleven men and nine women, who were taking from 45 to 120 grains of bromide per diem. Chlorine was suppressed from the diet. They noted the number of crises during the six months preceding this special treatment, during the forty days of treatment, and during the two months following. A brief history of each case is given. No objection to the treatment occurred on the part of the patients. Their general conclusions may be thus summarised:

(1) The diet suggested by Richet and Toulouse has a marked effect, and is undoubtedly efficacious, with regard to the number, severity, and duration of the convulsive seizures; (2) this diet produces no appreciable harm; (3) the psychical condition is often improved under this method of treatment; (4) the general nutrition improves in the majority of cases; (5) the suppression of the treatment by diet does not do away, at all events for some time, with the improvement observed, and causes no exacerbation of the convulsive attacks, even when suddenly effected; (6) the return to a diet including chlorides does not improve the condition of the general nutrition. The authors give tables showing the number of attacks during treatment, bodyweights, etc.

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