

less is the kidney disturbed by not being compelled to excrete large amounts of salts.

It should once more be emphasized that the administration of bromids will probably always reduce the frequency of the attacks, and in some instances may apparently cure epilepsy; but this symptomatic treatment is always to be regretted. In some cases due to nervous irritability and attacks due to some nervous reflex, bromids may be curative; but the future of long bromid treatment means mental and physical deterioration.

If the patient is in a condition of status epilepticus, large doses of chloral may be immediately needed, and under certain conditions morphin must be injected. If the convulsions are very severe, inhalations of chloroform are necessary. Hypodermic injections of scopolamin hydrobromid may be of value. Such a condition is an acute illness and must be treated as any other acute disease by such measures as are deemed necessary. Prolonged hot baths and free catharsis may relieve the intense cerebral irritation of these patients. Also, large amounts of water should be drunk to eliminate if possible the irritants in the blood. It is possible that venesection followed by a saline transfusion might be of value in relieving the brain of the toxins that are causing such a condition as that of status epilepticus.

The importance of the subject of epilepsy is shown by Graves,⁷ ex-president of the National Association for the Study of Epilepsy when he states that by conservative estimate there is one epileptic for each 400 of the population of the United States and Canada, and that there are 250,000 epileptics among our 100,000,000 of population. He stated that in special colonies for epileptics only 7,000 could be cared for, while perhaps 125,000 of these epileptics need such colonization treatment.

It is very important that the general practitioner should recognize that an epileptic patient is perhaps not incurable; that he generally is not feeble-minded, although he may become so; that he deserves to be studied and treated scientifically, and that the reward will not infrequently be a cured patient and a happy family. This is not to urge the patient or his family to believe that, even if cured, he can assume any walk of life that carries with it hard mental work, responsibility or anxiety. Such a cured patient should, also, not be compelled to do very laborious work. The lifework selected should be as agreeable to the patient as possible, and should not be strenuous, either mentally or physically.

7. Graves: Ill. Med. Jour., October, 1914, p. 373.

Better Control of Communicable Diseases.—A plan for securing better control of measles, whooping cough, scarlet fever and typhoid fever is being put into operation by Dr. F. M. Meader, director of the Division of Communicable Diseases of the New York State Department of Health. As soon as the cases and deaths are compiled for the previous month, the case rate and the fatality rate are worked out for each county. Where the case rate is high a circular letter will be sent to all physicians of that county notifying them of the unusual prevalence of the disease and offering the facilities of the laboratory for obtaining diagnosis in obscure cases. If the case fatality rate is high, it is assumed that the cases have not been reported, and the attention of the physician is called to the fact that the law requires that all cases, even suspicious ones, must be reported to the local health authorities.

New and Nonofficial Remedies

THE FOLLOWING ADDITIONAL ARTICLES HAVE BEEN ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION. THEIR ACCEPTANCE HAS BEEN BASED LARGELY ON EVIDENCE SUPPLIED BY THE MANUFACTURER OR HIS AGENT AND IN PART ON INVESTIGATION MADE BY OR UNDER THE DIRECTION OF THE COUNCIL. CRITICISMS AND CORRECTIONS ARE ASKED FOR TO AID IN THE REVISION OF THE MATTER BEFORE PUBLICATION IN THE BOOK "NEW AND NONOFFICIAL REMEDIES."

THE COUNCIL DESIRES PHYSICIANS TO UNDERSTAND THAT THE ACCEPTANCE OF AN ARTICLE DOES NOT NECESSARILY MEAN A RECOMMENDATION, BUT THAT, SO FAR AS KNOWN, IT COMPLIES WITH THE RULES ADOPTED BY THE COUNCIL.

W. A. PUCKNER, SECRETARY.

DIONIN (See N. N. R., 1915, p. 209).—The following dosage forms have been accepted:

Dionin Tablets, ¼ gr.—Each tablet contains dionin ¼ grain. Prepared by E. Merck, Darmstadt, Germany (Merck and Co., New York).

Dionin Tablets, 1 gr.—Each tablet contains dionin 1 grain. Prepared by E. Merck, Darmstadt, Germany (Merck and Co., New York).

ACET-THEOPHYLLIN SODIUM (See N. N. R., 1915, p. 375).—The following dosage form has been accepted:

Theophyllin Sodium Acetate Tablets, 0.15 Gm.—Each tablet contains theophyllin sodium acetate 0.15 Gm. Prepared by C. F. Boehringer & Soehne, Waldhof, Mannheim, Germany (Merck and Co., New York).

TRIPHENIN (See N. N. R., 1915, p. 242).—The following dosage form has been accepted:

Triphenin Tablets, 5 gr.—Each tablet contains triphenin 5 grains. Prepared by E. Merck, Darmstadt, Germany (Merck and Co., New York).

TROPACOCAINE HYDROCHLORIDE (See N. N. R., 1915, p. 38).—The following dosage form has been accepted:

Tubes Tropacocaine Hydrochloride, Sterilized, 1 gr.—Each tube contains tropacocaine hydrochloride 1 grain. Prepared by E. Merck, Darmstadt, Germany (Merck and Co., New York).

VERONAL-SODIUM (See N. N. R., 1915, p. 93).—The following dosage form has been accepted:

Veronal-Sodium Tablets, 5 gr.—Each tablet contains veronal-sodium 5 grains. Prepared by E. Merck, Darmstadt, Germany (Merck and Co., New York).

IODIPIN (See N. N. R., 1915, p. 160).—The following dosage form has been accepted:

Iodipin Tablets, 3 min.—Each tablet contains iodipin 3 minims. Prepared by E. Merck, Darmstadt, Germany (Merck and Co., New York).

APIOL-MERCK.—A non-proprietary brand complying with the standards for apiol. (See N. N. R., 1915, p. 226.)

Manufactured by E. Merck, Darmstadt, Germany (Merck and Co., New York).

CREOSOTE CARBONATE-MERCK.—A non-proprietary brand complying with the standards for creosote carbonate. (See N. N. R., 1915, p. 84.)

Manufactured by E. Merck, Darmstadt, Germany (Merck and Co., New York).

PHENOLPHTHALEIN-MERCK.—A non-proprietary brand complying with the standards for phenolphthalein. (See N. N. R., 1915, p. 244.)

Manufactured by E. Merck, Darmstadt, Germany (Merck and Co., New York).

QUININE TANNATE-MERCK.—A non-proprietary brand complying with the standards for quinine tannate.

Manufactured by E. Merck, Darmstadt, Germany (Merck and Co., New York).

SODIUM NUCLEINATE-MERCK.—A non-proprietary brand complying with the standards for sodium nucleate. (See N. N. R., 1915, p. 215.)

Manufactured by E. Merck, Darmstadt, Germany (Merck and Co., New York).