intense headache accompanying the method can be controlled by administration of 15 grs. of chloral hydrate one hour before encephalography, and can be repeated in four hours. Codeine is also recommended.  

J. S. P.

PROGNOSIS AND TREATMENT.

[229] Further contributions to the treatment of epilepsy.—John P. Steel.  
*Jour. of Ment. Sci.*, 1929, lxxv, 685.

With regard to the administration of peptone, it is impossible to say which cases have reacted well. Generalizing, it might be safe to say that the younger cases showed a slightly better result. In only one case over 40 years of age was there any decrease in fits. There was a slight tendency for the fit to change from the major to the minor type. Peptone treatment seems to have warded off the stage of dementia and the cases so treated were much more manageable. Where patients have not reacted to peptone, or where its effect has not been sustained, intravenous injections of *B. coli* have been carried out. There was a marked improvement in the health of the skin and alimentary canal, and a decrease of fit-incidence. One patient had his number of fits halved. Where no benefit accrued from either of the foregoing treatments, a solution of papaverine sulphate (gr. 1 to oz. ½ was given). The action of the drug seems somewhat remote and cumulative. Two demented female epileptics became more tranquil, had fewer fits, and showed less tendency to relapse into stupor. In each case, the pre-epileptic period was less troublesome.

C. S. R.


The use of the diathermy current in cerebral surgery is discussed and its advantages expressed. Freedom from hemorrhage and piece-meal extirpation are the benefits of this form of surgical technique. In the author's hand the method has proved of inestimable value. Tumours have been successfully removed with little or no damage to the surrounding healthy brain tissue. Undoubtedly, this advance in cerebral surgery is of great importance and offers a more hopeful prognosis in those cases which have been previously considered hopeless.

E. A. C.


In order to produce relaxation of the meninges and avoid stretching of the spinal cord, the best position of the vertebrae is one of lordosis. The author
suggests that a plaster jacket for the spine should be used in the earliest stages of poliomyelitis and that the position of extreme lordosis should be adopted. By this method he believes that the inflammatory processes in the spinal cord will be lessened in severity and in duration. It is obvious that the discomfort of this posture will be a hindrance to its routine adoption, especially on such a dubious theoretical basis. Further, by the adoption of such a posture, the muscles of the abdomen and chest may be unduly stretched, and, if affected by the disease process may be retarded in their recovery or even completely damaged.

E. A. C.


KUBIE’s method of draining the central nervous system consists of allowing the cerebrospinal fluid to drain away through a lumbar puncture needle, at the same time making the blood hypotonic by the oral administration of water.

Employing this method on sixteen patients with non-suppurative disease of the central nervous system the authors were able to demonstrate that human blood serum is rendered hypotonic and that this dilution of the blood is reflected in the cerebrospinal fluid.

The therapeutic results of this mode of treatment, particularly in cases of disseminated sclerosis, were sufficiently encouraging to warrant further study.

R. M. S.

Endocrinology.


In the case reported in this paper myasthenia gravis was associated with status lymphaticus and multiple abnormalities of branchiogenic organs. Two thymic nodules, one in relation to the thyroid and the other in the mediastinum, showed advanced inflammatory lesions; while a striking feature was the parenchymatous goitre with displacement and enlargement of parathyroid and thymic tissue.

Study of the central and peripheral nervous system revealed nothing of significance. The striated muscles showed extensive lymphoid infiltration and atrophy of the fibres.

R. M. S.


So far as can be judged from the descriptions and photographs, the case here published belongs definitely to the rare progeria type.