Gliomas of the optic chiasm .......................... 14
Chronic arachnoiditis .................................. 13
Third ventricle tumours ................................ 4
Aneurysm .................................................. 3
Cholesteatoma ............................................ 2
Sphenoidal ridge meningioma ............................ 1
Angiomatous malformation ................................ 1

These are discussed in their respective groups.

R. G. G.

[145] **Solitary tuberculoma of the spinal cord** (Tubercoloma solitario del midollo spinale).—M. **FIAMBERTI.** *Riv. di pat. nerv. e ment.*, 1929, xxxiv, 616.

A case of solitary tuberculoma is fully discussed and an exhaustive survey of the literature given. The subject is discussed comprehensively from the points of view of etiology, clinical symptoms and signs and possible lines of treatment.

R. G. G.


The pressure of the cerebrospinal fluid in 12 adult cases of hydrocephalus tended to be higher than that in 12 adult cases of microcephalus. Although some cases in the hydrocephalic series gave readings higher than normal, others gave a lower reading. No case of microcephalus gave readings higher than normal, although some cases gave readings lower than normal. The highest occurred amongst the male hydrocephalic cases, whilst the lowest occurred amongst the female microcephalic cases. In both groups the female cases tended to give lower readings than male.

C. S. R.

[147] **Cysticercus of the brain and eosinophilia in the spinal fluid** (Cisticercosi cerebrale ed eosinofilia nel liquido cefalorachidiano).—C. **RIZZO.** *Riv. di pat. nerv. e ment.*, 1930, xxxiv, 936.

A fresh case diagnosed during life is described and the importance of eosinophilia in the spinal fluid is pointed out as a pathognomonic sign.

R. G. G.

**PROGNOSIS AND TREATMENT.**


The original hypotheses of ketosis and acidosis in explaining the beneficial effects of the ketogenic diet in epilepsy can no longer be held valid. To test
further the possibility of a fluid loss as representing the active principle of this diet, three children of practically the same age, weight and type of disease were starved for five or six days and the intracellular and extracellular fluid losses calculated from the excretion of nitrogen, sodium, and potassium in the urine. A, previously on a normal diet, lost both weight and extracellular fluid in large amounts, and was rendered free from seizures. B, previously on a ketogenic diet for nine months with good ketosis but no improvement in attacks, showed similar losses of both weight and extracellular fluid and was also rendered free from seizures. C, previously on a ketogenic diet for nine months with almost complete relief from seizures, lost much less weight and almost no extracellular fluid. Her condition remained the same both during and after starvation. This suggests that improvement with the diet is associated with removal of the surplus sodium or extracellular fluid from the body; when no improvement results these surplus stores have not been removed. It has been observed frequently that fasting may be more beneficial in epilepsy than the ketogenic diet alone. Fasting is not only a high fat diet but is also a salt starvation. It is believed that the action of fasting in stopping epileptic seizures is a triple effect of a high fat diet, a salt starvation, and an acidosis, all of which tend to remove the surplus extracellular fluid from the body. When the ketogenic diet is effective alone the one mechanism seems sufficient. Since the high fat diet may be able to maintain the good effects of fasting although alone it could not produce them, it is believed that a period of fasting should always precede the institution of the ketogenic diet.

C. S. R.


Two cases are described and the literature is reviewed in illustration of ill-effects following administration of allonal. These may be due to too prolonged use, overdosage, or addiction. The authors consider the drug of great value if not used over too long a period and in doses from $2\frac{1}{2}$—$5\frac{3}{4}$ grs.

R. G. G.

Endocrinology.


Since there is no longer doubt that the internal secretions have an action on the instinctive and affective life, on mood and character, graphology may be able to render service in endocrinology. Léopold-Lévi first applied graphology in this direction, particularly amongst backward children. It has been demonstrated in such cases that in modifying their internal secretions by appropriate organotherapy changes not only of a neuropsychic nature but also in handwriting occurred. An attempt has been made to correlate some