sufficient to check the progress of the joint disease. In every case cited orthopedic measures were finally resorted to, and in some instances successful functional results were obtained.

**Author’s Abstract.**

**Prognosis and Treatment**


After having observed and studied numerous cases of encephalic traumatism, haemorrhage, thrombosis, and embolism, in different periods of their progress, the authors have arrived at the following conclusions:

1. By some means not yet explained we may influence the focus of cerebral haemorrhage and correct its effects to a considerable degree, and sometimes even totally, by intramuscular injections with the patient’s own blood (autohaemotherapy).

2. The operation consists in withdrawing 25–30 c.c.m. of blood from a vein of arm or foot, and in reinjecting it deeply into the gluteal region of the sound side. Before puncturing the vein, it is advisable to fill into the syringe a few cubic centimetres of a 25 per cent. solution of citrate of sodium, in order to prevent a premature coagulation of the blood.

3. The intramuscular autohaemotherapeutic injections are haemostatic and useful for curing cerebral haemorrhage and its effects in all cases, whatever the origin of cause of the haemorrhage, whatever the patient’s age, and the time of attack. The beneficial effect varies in degree, but is constant.

4. Recovery is to be observed even in most acute cases, especially in those of traumatism of the head with genuine cerebral haemorrhage. The effects will be the better, the sooner curative intervention is attempted.

5. Autohaemotherapy helps to cure cerebral haemorrhage before, during, and after ictus. It is most indicated as a preventive cure in cases of arterial hypertension with predisposing hereditary conditions; for arteriosclerotic patients who often preannounce ictus by vertigo, debility of limbs, unilateral tremor of extremities. These effects are avoided and immediately corrected after the injection, which suddenly brings down intracranial blood pressure.

6. The blood injection allows a differential diagnosis between real cerebral haemorrhage and cerebral softening. Although cerebral haemorrhage is perhaps more frequent than softening and the symptoms are often identical, they may be distinguished because the curative effect is great with foci of cerebral haemorrhage and nil with cases of cerebral softening.

7. Theories about haemotherapy are numerous and vague. The nature of the action of these blood injections on circulation and capillary congestion in general and the reasons for the sometimes rapid disappearance of the symptoms are unknown.

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PROGNOSIS AND TREATMENT

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