
Descriptions are given of the rationale and procedure and thirteen cases are described. Improvement can only be looked for when disordered function is due to perivascular exudate; once degeneration of nervous tissue has taken place, nothing can be done. The therapeutic test is the only one capable of deciding which condition is responsible. Clinical improvement does not correspond to serological changes and may progress irrespective of the latter. The authors conclude that:

1. No single method of treatment is applicable to all cases.
2. The intravenous administration of arsphenamine is the method of choice.
3. Spinal drainage after intravenous administration of arsphenamine is not a hazardous procedure.
4. Drainage will benefit some cases which have arrived at a position of inertia under intravenous administration alone.
5. Clinical and serological results may be obtained by intravenous arsphenamine and drainage as satisfactory as are produced by the intraspinous method, and without the severe root-pains frequently set up by the latter.

R. G. Gordon.


The author of this article appears to have had extensive experience in the use of luminal in epilepsy, for since October, 1919, he has used it to the complete exclusion of bromides, in an institution where there are 188 epileptics under care. Yet he has never seen the slightest harmful result from its administration.

He began by giving \( \frac{1}{10} \) grm. (1 gr. approx.) of sodium luminal in the day, but now gives about three times that amount; and in these doses, he believes, the drug is not at all toxic.

In twelve cases of quickly recurring seizures he has given luminal intrathecally (2 c.c. of a 5 per cent. solution of sodium luminal) and then toxic symptoms have appeared—elevation of temperature, headache, vomiting, slowing of the pulse, etc. In every case, however, the epileptic attacks have ceased and have remained absent for a considerable period, a result which leads the author to hope that a new field for luminal therapy may be opened up.

J. P. M.


In his writings on the effects and therapeutic uses of passive congestion, Bier advocated its employment in cases of epilepsy and of chorea. Dr. Esau
in this paper gives an account of the treatment of cases of Sydenham's chorea exclusively by this means. He applied an elastic band, arranged so that it could be tightened as occasion required, round the neck of the patient, at first only for two hours a day, and then for progressively longer periods, up to a maximum of twenty-two hours in the day. Two of the cases were first attacks, the other four were recurrences, and all were severe. In every case the patient made a rapid improvement and was completely well within four weeks, a course which, in some of the recurrent cases, contrasted strongly with the lingering progress of previous attacks. It was found advisable to continue the use of the band for a time after all signs of chorea had disappeared, relapses being otherwise liable to occur. The author states that he was so well pleased with these results that he now treats all cases of chorea in this manner.

J. P. M.

Endocrinology.


In the study of lesions affecting the vegetative nervous system it must be remembered that there are constant relays of neurons in this system and that lower levels are capable of taking on the function of higher levels. High lesions of the central nervous system produce no more than transitory interference with the functions of the vegetative system; it is in spinal lesions that permanent affections of this system are met with, especially from the third sacral segment downward, where special sympathetic cells replace the usual anterior horn cells. These have to do with the innervation of hollow organs in the pelvis, but any one organ is innervated by cells belonging to more than one segment. Only in sacral lesions are the purely spinal bladder and rectal reflexes completely lost; with lesions at a higher level are found the automatic bladder and the presence of reflex closure of the sphincter on touching the anal mucous membrane.

The reflexes of uterine contracture and erection of the penis seem to be served by a peripheral arc quite outside the spinal cord, but ejaculation is a cord reflex. Dissociated disturbance of potency (interference with ejaculation and orgasm with retention of erection and libido) is diagnostic of lower sacral lesions only if it persists from the beginning.

The sensory nerves from bladder and rectum enter the cord higher than the level at which the corresponding motor nerves leave it, hence retention of the sensation of fullness with loss of motor activity may be of diagnostic value.

In other regions of the cord, less help is obtained from observations on interference with vegetative function. The ciliospinal sympathetic reflex has its cell station in the lateral horn in the transition between the cervical and dorsal segments. The same or neighbouring groups of cells arranged round the central canal in the dorsal segments apparently control the innervation of sweat glands and blood vessels. Recent observations have not confirmed Schlesinger's contention that the nerves to the sweat glands accompany the
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J Neurol Psychopathol 1923 s1-4: 270-271
doi: 10.1136/jnnp.s1-4.15.270

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