ABSTRACTS

the external popliteal is chiefly, sometimes solely, involved. Possibly even in these cases there may be a toxic factor as well.

In two instances which are quoted the unilateral lower limb palsy was associated with lesions in one of the upper limbs—in one case an ulnar, in the other a combined ulnar and musculospiral. These latter could not have been due to injury. There are also cases in which perineural post-partum infection has involved the lumbosacral plexus either by direct spread or through the perineural lymphatics.

C. P. S.

PROGNOSIS AND TREATMENT.


For purposes of treatment cases of insomnia are divided into two groups, (1) the secondary; (2) the primary.

In secondary insomnias there is no objection to the use of hypnotics from the fear of establishing a habit, the promotion of sleep being essential for the maintenance of strength and powers of resistance.

Primary insomnia is often kept up by the autosuggested dread (death, insanity) of the results of not sleeping.

The possibility of a primary insomnia becoming a habit is a real danger, but the fear that a rational use of hypnotics may lead to a habit has been overstated, though the task of weaning a patient from his hypnotic may be a difficult one.

Careful attention to matters of detail is necessary in the treatment of primary insomnia, including:—

1. Removal of sources of psychic irritation.
2. Removal of the autosuggested dread of not sleeping, and cultivation of pleasant thoughts during the process of falling to sleep.
3. Avoidance of strenuous mental work before going to bed; but suitable reading in bed, etc., may be beneficial. Wakefulness during the night may be dealt with by turning on the light for a short time.
4. Correction of any disturbance of functions; e.g., in cases of high blood pressure by administration of calomel and salines; by curtailment of diet; and even by recourse to bleeding.
5. Investigation of any source of peripheral irritation (pain, cough, dyspnoea, flatulence, palpitation, cold feet, etc.).
6. Consideration of ‘extrinsic factors,’ such as climate, temperature, ventilation, etc., of bedroom, arrangement of bed, etc.

The factor of habit should be borne in mind in dealing with all cases of sleeplessness.

In the insomnias associated with psychotic conditions, the use of powerful hypnotics is growing into disfavour. Frequent feeding with liquid diets, frequent bathing to promote skin elimination, correction of constipation, administration of alkalis, sponging, hot packs, and, if possible, prolonged baths are of use.

Favourable results have been reported by the use of the drug ‘somnifen’
for the maintenance of a prolonged twilight sleep for six or seven days, the patients being aroused to take nourishment, etc.; but the treatment seems drastic, and is not free from danger.

In insomnias due to anxiety states based on the inhibition of the free expression of what Kemp has called 'autonomic cravings,' a full exploration of the patient’s domestic business, social and sexual life is essential.

In cases of insomnia due to anoxæmia or intoxication, oxygen administered per nasal catheter has been used.

A. BALDIE.


In the two cases reported, the so-called epileptic zone was first mapped out by faradic stimulation, and then injected with 95 per cent. alcohol. In neither case were the Jacksonian attacks completely arrested, but the author considers that the method is worthy of trial, particularly in view of the fact that it does not seem to produce a permanent paralysis.

R. M. S.


The sacral epidural injection of saline solution introduced by Sicard and Cathelin for the relief of enuresis has been employed by the writer in 23 cases for the relief of pain in the lower limbs. The treatment was effective in sciatica, locomotor ataxia, amputation-stump neuralgia, traumatic neuritis, coccygodynia, rectal cancer, thromboangiitis obliterans, sacral cord tumour, and arthritis deformans. Lack of available material prevented the author from trying out the treatment in a series of other conditions. Details of the technique are given.

LEWIS YEALLAND.


While recognizing the importance of very early diagnosis in the preparalytic stage and of restricting so far as possible the spinal destruction, the author points out how difficult our limited knowledge makes preventive treatment by vaccine or serum. Moreover, owing to the variability of the disease, it is difficult to decide either clinically or experimentally whether any specific treatment is an improvement on a masterly inactivity accompanied by attention to general hygienic rules. The author thinks that radiotherapy diminishes the exudation and hastens the return of partially affected cells to normal. He is in no doubt as to the benefit of diathermy applied to the paralysed limbs, especially if combined with interrupted galvanism. Obviously orthopaedic measures must follow where required.

R. G. GORDON.

A review of the results of this operation, which are not very promising. Perforating ulcers due to tabes and syringomyelia may heal temporarily, but recur. The operation is most useful for causalgia and ulcers due to injuries to the nerves or vessels of the limb, and for so-called ‘essential’ ulcers, but it is of doubtful or negative value for the many other conditions for which it has been tried.

R. G. GORDON.

Endocrinology.


A woman, age nineteen, subject to sudden attacks of unconsciousness, presented all over her body and on the extremities masses of painful adipose tissue, giving the characteristic ‘bunch of worms’ sensation on palpation. A general neurological examination was negative.

The sugar tolerance test after fasting revealed 99 mg. of blood sugar per 100 c.c.; after one hour, 111 mg.; after two hours, 66 mg., and after three hours, 80 mg. The oral administration of dried thyroid and pituitary substance was followed by a marked improvement; the patient lost weight, the painful areas disappeared, and the epileptiform attacks were diminished in number.

The authors consider that the syndrome of adiposis dolorosa represents a polyglandular dysfunction, the pituitary and thyroid being the chief offenders, in the order named.

R. M. S.

[172] Complete destruction of the pituitary by a growth arising in the nasopharynx without the so-called pituitary syndrome (Destruction totale de l’hypophyse par tumeur d’origine rhinopharyngée sans syndrome dit hypophysaire).—G. WORMS and G. DELATER. Rev. neurol., 1925, xxxii, 361.

The patient presented during life the symptoms and signs of a tumour of the nasopharynx invading the base of the skull, and died after an illness of four and a half months. He had finally complete blindness from secondary optic atrophy, and had lost all sense of smell. Several of the cranial nerves were also affected. There were no signs of polyuria, no obesity, no dystrophy of the sexual organs.

Autopsy revealed a lymphosarcoma, which had invaded the cranial cavity at various points, but did not penetrate the dura mater. It had burst through the roof of the sphenoidal sinus and completely destroyed the pituitary gland without, however, destroying, or even raising the fibrous roof of, the