subjects in whom the depth of affect does not appreciably vary. It does not follow a uniform diurnal course. When average pressures were considered, it was exceptional for a subject with a prevailing depressive affect to have a systolic blood-pressure persistently above normal; whereas the schizophrenic group showed persistently high and persistently low pressures in about an equal proportion of cases.

C. S. R.

PROGNOSIS AND TREATMENT.


The usual technique for cisternal puncture was followed; as soon as the cerebrospinal fluid was tapped an adapter connected with a rubber tube attached to an open 20 cc. syringe was inserted into the needle and about 10 cc. of the fluid allowed to run into the syringe. Ten drops of a solution of mercury bichloride containing 1/50 of a grain was then poured into the syringe. The tube was pinched and the syringe shaken; when the solution was well mixed and the froth settled down the fluid was allowed to flow back into the cistern by gravity. Within a few minutes the patient began to vomit and complain of headache, a reaction which usually lasted for one or two days.

In two cases treated by repeated injections after the above fashion arrest or definite improvement was obtained. Other authors have reported equally gratifying results by the same technique (Gifford, Keegan).

S. A. K. W.

[158] The action of bulbocapnine in three cases of paralysis agitans and one case of tremor of paralysis agitans type.—H. De Jong and W. Herman. Arch. of Neurol. and Psychiat., 1926, xvi, 55.

Four patients, of whom three showed the typical Parkinsonian syndrome, and the fourth a tremor of the Parkinsonian type but no other signs, were treated with a group of drugs known to have a quieting action on the central nervous system. Of these four patients, two showed a striking amelioration of the tremor after bulbocapnine and two showed a questionable improvement. Two patients showed a striking improvement after scopolamine, and two were entirely refractory to scopolamine. All four were refractory to atropine and phenobarbital. Morphine was administered to only one patient, who had responded particularly well to bulbocapnine and scopolamine. It was found to have no effect on the tremors. Judging from the four patients examined, bulbocapnine and scopolamine alone can be regarded as of real therapeautic value. Atropine and phenobarbital are of no value. It is evident that cases refractory to both bulbocapnine and scopolamine are not rare. The cause of
this is not known. In the refractory cases, twice the dose given under ordinary conditions was administered, and though the patients were conspicuously drowsy, the tremor was unaffected.

R. M. S.


The author reports on two cases of petit mal successfully treated by operation. He holds with Oppenheim that epilepsy is a toxipathic condition and with Collier that it is a "metabolic dyscrasia" and refers to cases with former brain injuries in which fits develop only as the result of taking alcohol. He considers that the most usual places from which toxins are absorbed are the cæcum and ascending colon.

In the first case, that of a man of 44, he removed the lower end of the ileum, the cæcum and the ascending colon, after which the fits ceased at once and have not recurred since 1921. In the second case, that of a girl of 11 years, the cæcum and ascending colon were removed: the fits ceased in ten days and have not recurred.

E. Casson.
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