All his cases showed a low systolic blood pressure, 90-110, and constipation.

He considers that a failure on the part of the liver to synthesise and detoxicate the amino bodies formed during digestion leads to a series of anaphylactic changes in the cerebrum and other viscera analogous to those occurring in Quincke's oedema. Treatment should be directed to overcoming the constipation, and protecting the liver by avoiding animal protein and giving a lacto-vegetarian diet.

P. W.

PROGNOSIS AND TREATMENT.


The author reports a case where signs of chronic arsenical poisoning followed on taking a dose not far short of the fatal one. Intense purging and collapse followed on the ingestion of the dose. Five days later arsenical dermatitis appeared, twelve days later paraesthesiae in the hands and feet and seventeen days later weakness in the arms and legs. Seven months later there was still definite objective sensory loss in the hands and feet, tenderness of the calves on pressure, the knee jerks were absent and there was wasting of the small muscles of the hands and of both thighs.

Arsenic was found in the urine. The patient was given 16 injections intravenously of 0.75 gr. of sodium thiosulphate on alternate days. Arsenic had disappeared from the urine within three weeks, and at the conclusion of treatment he was practically normal.

The rationale of the treatment is that the sodium thiosulphate forms a soluble arsenenate which is rapidly excreted, thereby displacing the relatively insoluble arsenious acid compounds.

P. W.


Removal of the superior cervical ganglion and periarterial sympathectomy do not appear to be of much value in the treatment of atypical neuralgia, mostly in the trigeminal distribution. The author presents the data from ten selected cases, in five of which the sensory root operation had first been performed. In only one case did the patient obtain any relief, and a doubt remained as to whether the relief was permanent, as the patient could not subsequently be traced.

R. M. S.