Chordomas produce massive erosions of the sacrum and complete destruction of laminae and spinous processes. The margins of involved bone are irregular and not clean-cut.

Dermoid tumours and the antesacral group commonly known as Middledorf tumours are capable of producing localised erosions in the body of the sacrum but rarely invade and destroy laminae and spinous processes.

Osteochondroma arises usually from the various bony processes of a vertebra rather than from its body. Contiguous bony structures are distorted and eroded.

Hæmangioma of the vertebrae causes irregular absorption of trabeculae with thickening of vertical trabeculae, the result being parallel vertical striations in the body, which may extend into arches and laminae.

Osteogenic sarcoma results in dissolution and destruction of bone, with secondary involvement of paravertebral soft tissues.

The X-ray characters of metastatic malignant growths are well-known.

J. V.

PROGNOSIS AND TREATMENT.


Sedative, narcotic and anaesthetic drugs may be divided into two distinct groups. The administration of drugs of the first group results in the phenomena of release and activation and finally of muscular flaccidity. This may be interpreted as being due to the successive involvement of the several neurones that make up the long or cerebral reflex arc. Administration of drugs of the second group results in an absence of phenomena of release and activation. This may be interpreted as being due to a simultaneous involvement of all of the neurones that make up the long or cerebral reflex arc. The clinical picture of the effect produced by the first group of drugs is similar to that of the epileptic seizure and to the onset of normal sleep. In the same manner that the onset of normal sleep is favourable to the occurrence of the epileptic seizure, so the action of these drugs is rather favourable than otherwise to the occurrence of epileptic seizures. The action of the second class of drugs, which tend to counteract the symptoms of the epileptic seizure, is like that of exceptional sleep that is devoid of release phenomena and characterised from the beginning by muscular relaxation. Such sleep can be produced artificially by means of a mechanical appliance. Like the second class of drugs in question, therefore, it has the effect of temporarily diminishing the frequency and severity of epileptic seizures.

R. M. S.
The dehydration method in epilepsy.—D. Ewen Cameron. *Amer. Jour. of Psychiat.*, 1931, x, 123.

Dehydration was carried out on a series of typical institutional epileptics. It had no definite effect on the occurrence of fits or on the patient’s disposition. The giving of unlimited fluids after a period of dehydration, and the forcing of fluids without previous dehydration, had no definite effect on the number of fits. The patients were adversely affected by the diet. Preliminary loss of weight was severe. The patient’s resistance, too, was lowered. Nitrogen retention either precipitated or complicated stages of excitement and stupor, and acidosis occurred during the excitements. The results obtained were such that this method would appear to be of little value in the treatment of typical institutional epileptics. This conclusion is reinforced by the injurious effect on them.

C. S. R.


The author advocates the use of sulphur as an unspecific stimulant in the treatment of late syphilitic diseases as well as a specifically acting remedy. The technique and results are discussed, and it is found from ophthalmological controls and examinations that sulphur acts in a prominent way on the pathological changes in the optic nerve as follows, viz.: (a) changes of the grayish discolouration into red due to improved circulation, (b) improvement of visual acuity, (c) enlargement of visual field, (d) reappearing of colour vision.

This good effect has been proved permanent to the present time. The sulphur cure can be repeated without fear of accustoming or anaphylaxis. In optic atrophies, however, it is not recommended to repeat it before the expiration of one year.

R. G. G.


In a previous communication it was pointed out that in average persons when two spatial contents (distances), objectively equal but limited by stimuli of different quality (touch in one case and pain in the other), were examined,