NEUROLOGY protection and support. There seems to be a family tendency chiefly on the maternal side and the possibility of imitative derivation should not be lost sight of. In the opinion of the authors the physical symptoms and the disturbance of physiological processes are secondary to and precipitated by an emotional discharge. This probably accounts for the fact that a large number of remedies may be successful for a time, but cure is alleged only to result if and when the patient ever grows up on his emotional side.

R. G. G.

PROGNOSIS AND TREATMENT


It was thought that possibly the method of producing fever by the use of a mechanical method might bring about satisfactory results and have less disadvantages than malarial therapy. The application of treatment by diathermy is here described. Though only a comparatively small number of cases (i.e. six) were experimented with, the findings mostly agree with those of others who have used diathermy over a longer period. A similar and controllable fever simulating that of malaria could be produced, but the patients expressed extreme discomfort when the temperature rose above 102° F. and begged that the treatment be discontinued. The white blood corpuscles and red corpuscles increased during each individual treatment, the red-cell rise being as much as one million, and the white cells from 1,000 to 4,000. With this increase the cell count showed a reduction in percentage of the lymphocytes and rise in the percentage of polymorphonuclears. There was loss in weight after each treatment, varying from \( \frac{1}{2} \) to 2 lb. Clinically there was mental improvement in three of the patients. One recovered, left the hospital and maintained himself. In three the colloidal gold curve showed a pronounced reduction. In three there was no change. Blood and spinal fluid Wassermann tests were not modified. This writer feels we must not be too hasty in dispensing with malaria, though there undoubtedly will be a place for diathermy with the more co-operative patients.

C. S. R.


Malaria and other therapy that has increased the average duration of life in paretics has been utilized over so recent a time that it is too early to evaluate completely a correct expectancy of life. At the Brooklyn State Hospital in a series of 870 admissions, 225 patients are still alive—several
having lived more than ten years since admission. The average duration of life in all paretic admissions has increased in ten years from one year and six months to nearly two years and nine months. Selecting patients that lived sufficiently long for therapy to take effect, the duration of life has increased in the same period from two years and nine months to three years, 10.5 months. While untreated patients lose 90 per cent. of their expectation of life, estimated from a mortality rate among the entire State Hospital population, properly treated cases attain at least 20 to 30 per cent. of their hospital expectation of after life time. There is no marked variation between the cerebral and tabetic types of general paresis in this series, treatment adding approximately the same general expectancy. The male tabetics, however, have a shorter average life following admission than do the males of the cerebral classification. The comparison of life duration by sex shows very slight differences, men of this series living slightly longer than women.

C. S. R.


Prognosis in juvenile dementia paralytica has been changed little, if at all, by the advent of malaria and other forms of fever therapy. Malaria therapy prolongs life in some cases and in a few it seems to retard the progressive dementia. The slight improvement that is found occasionally does not raise these unfortunate patients to the level of social and intellectual usefulness and only adds to the burden the family or society or both must bear. Malaria therapy helps very little in the prognosis in the large majority and should not be used except in rare selected cases.

C. S. R.


The author has studied many cases of vascular cerebral accidents (hæmorrhage, embolism and thrombosis) and thinks that the effects of these can be prevented or remedied by autohemotherapy.

Some 25–30 c.cm. of blood should be taken from a vein of the arm or foot and immediately reinjected in the buttock of the unaffected side. The syringe should be citrated before performing the operation.

He thinks that this procedure always stops cerebral hæmorrhage and limits its effects whether after cerebral trauma or after ordinary hæmorrhages.
The sooner it is done the better the results. It can be given as a preventive in arteriosclerosis and when transitory prodromal attacks occur. It can also be used to differentiate between cerebral hæmorrhage and cerebral softening.

The author does not pretend to explain the mode of action of auto-hæmotherapy, but maintains that the practical results of its administration are always good.

R. G. G.


Here are presented the therapeutic results obtained in a selected series of 18 cases of epilepsy treated with oestrogenic substances (emmenin, theelin, theelol, and amniotin). Marked relief occurred in eight of the cases, all females. Partial benefit was got in five others, three of whom were males. Two females and one male failed to respond. A series of 12 selected cases of migraine is also presented, together with the results obtained by use of the above-mentioned hormone preparations. Six of these were markedly relieved, three were partially benefited and three showed no response. The possible rationale of the treatment is discussed. Alteration in the water balance produced by the autocoïds used appears to be the most likely mechanism by which they were effective. No claim is made that a cure for epilepsy is discovered, but it is felt that the results obtained are significant enough to warrant further investigation in this field.

C. S. R.


Two cases of spinal arachnoiditis could not be operated on for special reasons. An early complete recovery was obtained by diathermy treatment.

M.


Fifteen patients were treated with gelatin from which it was hoped that glycin might be extracted by the digestive tract. In some cases gastric upset
was noticed. Some increase in the strength and wellbeing of the patients was noted, but no striking results were obtained. The only advantage of giving gelatin rather than glycin is the cheapness of the former.

R. G. G.

**Psychopathology**

**PSYCHOLOGY**


This investigation substantiates Rorschach’s statement that colour-form answers measure affective instability, and primary-colour responses impulsiveness, usually pathological impulsiveness. The kinesthetic and colour-answers together show the subject’s type, his capacity for affective adaptation, for emotional stability and instability—in general, the balance of his emotional life. That the Rorschach test does give a good working knowledge of the subject’s temperament as a whole is not doubted by anyone who has used the test. The qualitative aspect is even more important than the quantitative, as often the content of an abnormal subject’s answers is full of their symptomatic tendencies shown both overtly and symbolically. It is claimed that the colour- and kinesthetic responses are dependent on the unconscious for their content. These results and those of other investigators suggest that this panoramic view of the subject’s temperament as a whole is an advance on the method of measuring temperament and intelligence separately.

C. S. R.


This is an analysis of the movements from hour to hour of 14 sleepers over a period averaging more than a month. Each shows evident individual differences. A gradual increase in movements from hour to hour through the night, which is termed crescendo sleep, is suggested as being the normal sleep form. Variation from this crescendo sleep curve which is prolonged by illness, susceptibility to illness or gastric distress, may offer a basis for searching hitherto unsuspected constitutional weaknesses or undesirable habit-patterns of individuals. A remarkable similarity in the sleep curve of pairs of brothers and sisters is also noted.

C. S. R.