occasionally observed alkalosis without seizures, and seizures without any true alkalosis beforehand.

G. W. T. H. FLEMING.

The Confusional Syndrome with Changes in the Large Intestine. (*Il Cervello, November*, 1930.) *Grimaldi, L.*

The author describes two cases of afebrile confusion, of which one showed at autopsy acute changes in the cæcum, and the other chronic changes in the colon. He points out that these intestinal changes, whilst not always present in confusional states or dementia præcox, play an important part in a susceptible individual in inducing such states. G. W. T. H. FLEMING.

Inflammatory Changes in the Small Intestine in a Case of Confusion. (*Riv. di Pat. Nerv. e Ment., January–February*, 1930.) *De Giacomo, U.*

The author describes a case of mental confusion. At the autopsy he found cirrhosis of the liver, splenomegaly and ascites. There was a severe catarrhal inflammation of the pyloric end of the stomach and of the duodenum, a severe hyperæmia with hæmorrhages throughout the small intestine. Histologically there was an overgrowth of connective tissue in the duodenal wall, amounting in places to a true sclerosis. Large areas of gland tissue were destroyed. G. W. T. H. FLEMING.

Investigation of Liver Function in Confusional Insanity and Dementia Præcox. (*Riv. di Pat. Nerv. e Ment., January–February*, 1930.) *Gullotta, S.*

The author examined by the rose-bengal method the liver function in 12 cases of confusional insanity and 20 of dementia præcox. In all the cases of confusional insanity there was an increased retention of rose-bengal of from 3–7 mgrm. % (normal under 2 mgrm. %). In only 9 of the dementia præcox cases was there any retention, and that only in cases giving in the urine intense reactions of Millon, Buscaino, Weiss, etc. In all cases the increased retention corresponded to an increase in the indirect van den Bergh. The impairment in the conjugating power of the liver gives rise to both an aromatæmia and an aromaturia.

G. W. T. H. FLEMING.

Aromatæmia and Aromaturia from Tyrosin in Dementia Præcox. (*Riv. di Pat. Nerv. e Ment., September–October*, 1930.) *Noto, G. G.*

In 20 cases of dementia præcox and 10 normal controls, the author administered ·5–1 grm. of tyrosin by the mouth and examined the urine and serum after 5–7 hours by means of Millon's reagent. The results were positive in the cases of dementia præcox but negative in the serum in the controls. This supports the theory of Buscaino. An abnormal flora in the intestine produces phenol

bodies such as paracumaric, hydroparacumaric and oxyphenylacetic acids which, owing to intestinal lesions, are absorbed, and are not detoxicated by the liver. These phenol bodies appear in the general circulation, and may be a factor in the production of confusion and dementia præcox. G. W. T. H. FLEMING.

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5. Treatment.

Spinal Drainage in Alcoholic Deliria. (*Amer. Journ. Psychiat., September*, 1930.) *Goldsmith, H.*

Since the advent of prohibition acute alcoholic psychoses have greatly increased, and grave toxic reactions tend to occur. Spinal drainage is an effective mode of treatment in these cases. It is attended by very slight sequelæ, and the period of detention in hospital has been materially reduced. The treatment is most effective when started within twenty-four hours of admission to hospital. In the great majority of cases no after-treatment is necessary. M. HAMBLIN SMITH.

The Thyroid Factor in Dementia Præcox. (*Amer. Journ. Psychiat., November*, 1930.) *Hoskins, R. G., and Sleeper, F. H.*

Among 130 subjects of dementia præcox 18 were diagnosed as suffering from thyroid deficiency. Of these, 16 received thyroid treatment. There was marked improvement in 14, and 5 patients became well enough to return to their homes. Little success is to be anticipated from thyroid treatment in unselected cases. M. HAMBLIN SMITH.

Convulsive Seizures: Their Production and Control. (*Amer. Journ. Psychiat., January*, 1931.) *Fay, T.*

The repeated acute intracranial pressure-waves, during and after a major convulsion, are responsible for prolonged periods of supracortical pressure, causing low-grade cerebral anæmia and ischæmia, with consequent atrophy and degeneration of the ganglion-cells. This secondary degeneration is responsible for the progressive mental deterioration. The hope for future progress lies in the early prevention of this fluid pressure. A balance and threshold for fluids within the capacity of the patient must be established. The best method is the strict limitation of total fluid intake to below 20 oz. daily, with a solid dry diet. M. HAMBLIN SMITH.

The Mechanism of the Ketogenic Diet in Epilepsy. (*Amer. Journ. Psychiat., January*, 1931.) *Bridge, E. M., and Iob, L. V.*

Three children with frequent *petit mal* seizures were starved for five or six days. Two were rendered free from seizures. Fasting is a high fat diet (body fat and protein being utilized), and is also a salt starvation. It is believed that these two factors, together with an acidosis, account for the effect of fasting in stopping epileptic