

The fever was thus maintained for a period of from six to seven hours. Later the blanket method alone was used, and found capable of producing and maintaining temperatures between 104° and 105·8° for six hours.

In 31 of 33 cases of early syphilis, or 94%, the dark field examination was rendered negative for *Spirochæta pallida*. The clinical lesions healed promptly, but three recurrences were observed after cessation of treatment. The serological reactions were not rendered negative in any case. The impossibility of raising the temperature of all the tissues of the body to the thermal death-point of the spirochæte probably accounts for the failure to sterilize the body of these organisms. It is concluded that hyperpyrexia alone is not a satisfactory method of treatment of early syphilis.

J. L. FAULL.

*Migraine: A New Therapeutic Approach.* (*W. Va. Med. Journ.*, vol. xxix, pp. 173-5, 1933.) Podolsky, E.

Ergotamine tartrate, which inhibits the effect of the sympathetics, was successfully used in the treatment of 7 cases.

JAMES C. MUNCH (Chem. Abstr.)

*The Somnifaine Treatment in Psychiatry.* (*South African Med. Journ.*, vol. viii, p. 567, Aug., 1934.) Kooy, F. H.

If given with the greatest care somnifaine narcosis is not a dangerous mode of treatment. In a series of 130 cases the curative effect was confined practically to the manic-depressive group. Primary involuntional melancholics did not derive much benefit, and in the schizophrenic group no definite cure was obtained, though a temporary improvement was occasionally so marked as to simulate recovery. Many individuals have a latent tendency to epilepsy, which was indicated in two cases in which epileptic fits occurred after the treatment had ended. Somnifaine acts as a basal narcotic on those cerebral regions which are affected in manic-depressive psychoses, the solution of whose ætiology lies in the involuntary nervous system.

JOHN D. W. PEARCE.

*Individualizing Occupational Therapy for the Mental Patient.* (*Occup. Ther. and Rehabil.*, vol. xiii, p. 241, Aug., 1934.) Medd, M. R.

Various psychological mechanisms find expression in occupational therapy, which, to be most effective, must meet the unconscious needs of the individual. The type of occupation prescribed depends on the personality and the emotional needs of the patient, whose reactions must be studied and the therapy modified accordingly. Work solves many of the conflicts of everyday life, anxiety being alleviated by the emotional outlet provided. Occupational therapy serves this purpose in various ways. It is a method of expressing aggressions requiring no atonement. By unconscious identification it assists in inflating the ego, which is weak from frustration. It may eliminate a basis for rationalization of an inferiority feeling and thus promote insight. Prolonged occupational therapy may propitiate an unconscious sense of guilt and thereby relieve depression. It may serve to sublimate destructive and hostile urges, and gain attention and love. Occupational therapy thus demonstrates the methods used by the patient to solve his conflicts, conscious and unconscious.

JOHN D. W. PEARCE.

*Academically Handicapped Children who Possess Special Abilities.* (*Occup. Ther. and Rehabil.*, vol. xiii, p. 233, Aug., 1934.) D'Amico, V. E.

The academic approach reaches only a small percentage of children's educational needs, and a school with inadequate equipment and teaching staff is only developing liabilities at an enormous price. In rating child intelligence by a fixed academic standard, one tests for one type of mind only and overlooks the possession of special abilities or natural gifts, the responsibility of training which is the duty of every educational system. There are three general classes of children—the highly