

*Intracarotid Injection of Acetylcholine in Man.* (*Rev. Soc. Argent. Biol.*, vol. xii, pp. 171-9, 1936.) *Battro, A., and Lanari, A.*

In 17 men 0.02 grm. acetylcholine was injected into a carotid artery. The effects were an immediate violent struggling lasting 30-60 seconds, a hyperpnoea lasting about 30 seconds, a fall in arterial pressure, irregularities in heart-beat for a few minutes, nausea, salivation, homolateral myosis and lachrymation, homolateral sudation and a homolateral vasodilation lasting 10-15 minutes. The last-named effect showed a sharp dividing line down the exact centre of the face.

L. E. GILSON (Chem. Abstr.).

*The Comprehensive Management of Delirium Tremens.* (*Journ. Amer. Med. Assoc.*, vol. cviii, p. 345, Jan. 30, 1937.) *Piper, P., and Cohn, J. V.*

Three hundred consecutive cases of delirium tremens were treated by this method, with a resultant crude mortality of 5.3% and an average stay in hospital of 4.8 days.

- (1) No alcohol is given the patient from the time of entering the hospital.
  - (2) Absolute rest in bed under close observation.
  - (3) Extract of cascara 10 gr. is given on admission, followed by 1 oz. of magnesium sulphate 2 hours later.
  - (4) Magnesium sulphate 1 oz. is given every morning for 3 days unless there have been more than 4 bowel movements on the previous day.
  - (5) Alkalis in the form of imperial drink are given 3 times daily.
  - (6) Spinal fluid drainage is done as soon after admission as possible and may be repeated as often as indicated.
  - (7) 50 c.c. of 50% dextrose is given intravenously from 2 to 4 times a day.
  - (8) 10 c.c. of 50% magnesium sulphate is given intramuscularly once to twice a day for 2 days.
  - (9) Caffeine sodium benzoate 7½ gr. is given every 4 hours for 6 doses.
  - (10) The patient is digitalized in from 36 to 48 hours and is then placed on a maintenance dose.
  - (11) Paraldehyde 3 or 4 drm. is given from 1 to 3 times a day for sedation. Intravenous sodium amytal may be used, but not more than 15 gr. should be given to any one patient.
  - (12) Hydrotherapy is indicated where possible.
  - (13) A high caloric soft or liquid diet, supplemented by vitamin-containing substances, especially of the B group, is ordered.
- Gastric lavage with sodium bicarbonate is indicated in cases of vomiting.
- (14) Fluids are given according to the patient's desire.
  - (15) Should the patient be asleep he is not awakened for any reason, medicinal or otherwise.

T. E. BURROWS.

*Treatment of Menstrual Migraine.* (*Journ. Amer. Med. Assoc.*, vol. cviii, p. 612, Feb. 20, 1937.) *Moffat, W. M.*

The result of treatment with gonadotropic factor (follutein) extracted from the urine of pregnancy in 17 cases of menstrual migraine followed over a period of 3 years was relief in all. In only 4 of the 11 cases studied roentgenologically was a normal sella turcica found. These 17 women were all menstruating more or less regularly. The results tend to confirm the hypothesis that a leading factor in the production of menstrual migraine is an ovarian hypofunction, perhaps associated with an anterior pituitary hyperfunction.

T. E. BURROWS.

*Nitrogen-alkyl Barbituric Acid Derivatives.* (*Journ. Amer. Pharm. Assoc.*, vol. xxv, pp. 858-9, 1936.) *Swanson, E. E.*

Fourteen new nitrogen-alkyl substituted barbituric acid derivatives with the general formula

