secretion was shown by these methods. No confirmation was found for the statements that (*a*) pentosuria may frequently be present, (*b*) that an eosinophilia can often be demonstrated, (*c*) that the cholesterol content is materially elevated, or (*d*) that migraine is often associated with evidences of marked gastro-intestinal disorders. In one instance the cerebro-spinal fluid pressure was lowered during an attack by 40 mm. of water, and in one case there was an increase in the cells in the spinal fluid up to 14. T. E. BURROWS.

---

3. Pharmacology and Treatment.

The Treatment of Delirium Tremens. (*Journ. Amer. Med. Assoc., vol. cvii, p.* 404, *Aug.* 8, 1936.) *Cline, Jun., W. B., and Colemand, J. V.*

The authors base their results on 616 cases of alcoholism during the period 1933–35, and compare them with those obtained in the case of 605 alcoholic patients treated during the two preceding years. Their therapy is that of cerebral dehydration based on the assumption that the increased spinal fluid pressure in delirium tremens is intimately concerned in its pathogenesis.

The routine treatment employed consists of (1) spinal drainage of 50 c.c. to 75 c.c. of fluid; (2) intravenous dextrose, 50 c.c. to 100 c.c. of a 50% solution; (3) magnesium sulphate, 1–2 oz. of saturated solution by mouth; (4) limitation of fluid intake to 1000 c.c. for a period of 24 hours; and (5) paraldehyde, 2–4 drm. for sedation. Treatment was given over a period of 24 hours to all cases in which there was active or impending delirium, as evidenced by tremor, apprehensiveness, motor restlessness and visual or auditory hallucinations. Most cases went to sleep immediately after treatment, sometimes without a sedative, and awoke after 4 to 6 hours, shaky, but able to take liquid nourishment. There was a definite limitation of over-activity, and a number of patients returned later on their own initiative for treatment in the stage of impending delirium.

The percentage of alcoholic deaths to the total deaths in the institution during the period 1933 to 1935 was 12·2%, compared with 25% in the two preceding years. In the delirium tremens group of 157 cases during the period 1933 to 1935 there were 6 deaths, and in each of these cases a serious illness complicated the delirium tremens.

Various observations of the admissions, duration of residence and discharge of alcoholics generally in State Institutions support the authors' opinion that there was very little essential difference between the two periods compared other than the therapy employed. T. E. BURROWS.

Dementia Paralytica: Results of Treatment with Diathermy Fever. (*Journ. Amer. Med. Assoc., vol. cvi, p.* 1527, *May* 2, 1936.) *Epstein, S. H., Solomon, H. C., and Kopp, I.*

The authors present a series of 33 patients who were treated by diathermy between February, 1931, and February, 1934. According to their analysis, made in February, 1935, 8 patients were improved and working, and an additional 7 patients were improved, but not self-supporting. Four patients, while remaining hospitalized, were known to be improved. Four patients were living, but unimproved, and 10 patients had died. Of the 15 patients who were clinically improved, 8 of them had normal or nearly normal spinal fluids. With regard to the duration and degree of fever productive of the best therapeutic results, it was not possible to draw any hard and fast conclusions. 27% of the deaths in this series occurred within two years after treatment, compared with 14·8% for the authors' malaria series, and 13·5% for their tryparsamide series previously reported.

Their results indicate that the best remissions are obtained in a little over 45% of the malarial treated cases, and 42% of the cases treated by tryparsamide,