

a mild mania, which lasted seven weeks until the luminal was replaced by bromide. (The number of doses of luminal daily is not stated.) There was no change in the number and severity of the fits during the administration of luminal. Some months later luminal was again given in half the previous dose, and a milder maniacal state recurred and lasted for a fortnight, gradually diminishing. On this occasion the fits were fewer.

W. D. CHAMBERS.

*Researches in the Chemo-Therapy of General Paralysis [Recherches sur la Chimiothérapie de la Paralyse Générale]. (L'Encéph., January, 1926.) Sézary and Barbé.*

The authors publish in full detail the results of their attempts to treat general paralysis by the administration of certain anti-syphilitic agents. They have previously tested "606" and "914," and now refer to the following: Eparséno, the amino-arsenophenol base of 606, arsacetin, an acetyl-atoxyl, and tryparsamide. The drugs were given by various routes and in various combinations. Eparséno, combined with sodium nucleinate and mesothorium, was followed by improvement in 3 cases in 22. The other two drugs gave no encouraging results, and their use was followed by optic atrophy in some cases. The authors conclude that further trials with eparséno should be made.

W. D. CHAMBERS.

*Researches in the Chemo-Therapy of General Paralysis [Recherches sur la Chimiothérapie de la Paralyse Générale]. (L'Encéph., February, 1926.) Sézary and Barbé.*

In this third report of their research the authors record their results in the administration of the insoluble and the soluble salts of bismuth. The results when either was given alone were disappointing, but in the only two cases treated by luatol (tartro-bismuthate of potassium and sodium) combined with arsenic, notable improvement occurred.

The authors also record their results with sodium nucleinate, mesothorium, iodo-quinine, sodium uranate, etc., none of which appeared to have any action.

In a conclusion to their three papers, the authors say that pentavalent arsenic has given them the best results, but that arsacetin is dangerous and should be avoided. The only action of bismuth is the secondary one of reducing the leucocytosis of the cerebro-spinal fluid.

W. D. CHAMBERS.

*Accidents due to the Barbituric Group [Les Accidents du Barbiturisme (Veronalisme)]. (Gas. des Hôp., No. 30, April 14, 1926.) Levent, R.*

The author points out that there are a number of hypnotic drugs allied to veronal, and that the symptoms of poisoning by any of these are similar. Formerly, accidents resulting from the use of these drugs were mainly subacute and due to accumulation, but in recent years many acute poisonings have occurred—due to idiosyncrasy and to suicidal attempts. The smallest possible

poisonous dose is said to be at least gr. 15; fatal results have followed a dose of gr. 30; but as much as gr. 150 has been followed by recovery.

In acute barbituric poisoning the onset of symptoms is rapid. At first there may be agitation, confusion, vertigo and vomiting, followed very quickly by coma, more or less severe. Respiration is slow and stertorous, pulse feeble, pupils dilated, reflexes absent, sphincters relaxed, temperature often raised. Convulsions may occur. In very severe cases the pupils are contracted and Cheyne-Stokes breathing is present. Death is due to cardiac failure, or if delayed, to pulmonary or renal complications.

In chronic cases the urinary signs are very important—suppression most commonly, sometimes polyuria with albumen and casts, and signs of hepatic failure are constant. The poison, as in acute cases, can always be recovered from the urine. Blood-urea is increased. Nervous signs are less constant, but dysarthria, confusion, amnesia, diplopia, nystagmus, ocular inco-ordination, deafness, etc., may occur. Cutaneous eruptions, especially a polymorphic erythema, are common, and are always irritating.

The prognosis depends on the dose taken, the depth of coma, and the state of the lungs and kidneys, and especially the previous condition of the liver.

As for treatment, up to 60 hours after the poisoning gastric lavage is important. In every case 500–600 c.c. of blood should be withdrawn, and strychnine, caffeine, etc., and diuretics administered.

W. D. CHAMBERS.

*The Action of Bulbocapnine in Three Cases of Paralysis Agitans and One Case of Tremor of Paralysis Agitans Type.* (*Arch. of Neurol. and Psychiat.*, July, 1926.) De Jong, H., and Herman, W.

Bulbocapnine is closely allied to apomorphine, but its ortho-side-chains are different. Four patients with a Parkinsonian tremor were treated with a group of drugs known to have a quieting action on the central nervous system. Two showed a marked improvement after bulbocapnine, and two a slight improvement. Two showed a striking improvement after scopolamine, two were unresponsive to scopolamine. Atropine and phenobarbital were without effect. When double doses of bulbocapnine and scopolamine were given, there was still no effect on the tremor, but the patients became very drowsy.

G. W. T. H. FLEMING.

*General Paralysis treated with Tryparsamide.* (*Arch. of Neurol. and Psychiat.*, July, 1926.) Hassin, G. B., and Barsoe, P.

These authors, following autopsy, found neither the degenerative process nor the spirochaetes had been influenced by the tryparsamide.

The inflammatory changes were milder than in an average case of general paralysis. The case had been treated with neo-arsphenamine as well, and had shown marked clinical and serological improvement.

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