

tion of bone, and obviate the rise of intra-cranial pressure, is mentioned, but questioned.

The establishment of the relation between eye trouble and certain cases of epilepsy is credited to Stevens. The correction of such trouble is the first obvious duty, and sometimes it is wholly successful. Dr. Donath concludes by briefly referring to the question of the marriageability of the epileptic, and to the question of the care of epileptics in special institutions or in colonies.

HARRINGTON SAINSBURY.

Treatment of Status Epilepticus [Zur Behandlung des Status epilepticus]. (Allgem. Zeitschr. f. Psychiat., B. lvii, H. 4.) Naab, J. P.

Dr. Naab gives the results of the treatment of status epilepticus at the Bickfeld Asylum.

He commences by enumerating the various modes of treatment which have been recommended, and he subsequently gives a detailed account of eight cases in which he employed intra-muscular injections of amyl hydrate. This method of administering the drug is much more efficient than any other. It is generally impossible to give the drug by the mouth, as the patient is unable to swallow. In twenty-two cases it was given *per rectum*, and in eight of these it was returned in fifteen minutes without producing any effect. No irritation or inflammation followed the injections. A slight resistance was felt in the muscle for twenty-four hours after. The author would advise intra-muscular injections (1) where it is necessary to obtain a rapid action of the drug; (2) in cases of constipation; (3) in cases of incontinence of *fæces*. In all other cases the drug can be given in the form of enemata with mucilage of gum arabic.

Amyl hydrate should be given in large doses, and in one or two hours half the initial dose should be repeated. Dose for enemata 5·0—7·0, and for injection 3·0—5·0. After the cessation of the epileptic seizures, 2·0 of amyl hydrate should be taken every day for three or four days.

With regard to general treatment, the œsophageal tube has been abandoned, and nasal feeding is carried out by pouring teaspoonfuls of milk into the nose; this causes less disturbance, and provided sufficient time is allowed to elapse before a second dose of milk is given choking does not occur. The room, of course, should be perfectly dark and quiet. 83 *per cent.* of the cases have recovered.

Dr. Naab attributes the success of this treatment to the large doses of amyl hydrate which were often injected into the muscles combined with plenty of nourishment given without nasal tubes.

The author throws out the suggestion that similar treatment might be adopted in eclampsia, considering the close association between this and epilepsy.

R. CARTER.

Ætiology and Treatment of Puerperal Psychoses [Die Aetiologie und die Behandlung der Puerperalpsychosen]. (Allgem. Zeitschr. f. Psychiat., B. lvii, H. 2—3, 1900.) Mongeri, L.

In addition to the psychical symptoms, such as melancholia and mania, the author found that there was invariably a rise of temperature.

The degree of fever never rose above 40° , and seldom reached 39.6° .

The lungs, heart, abdomen, and genital organs were examined, but no abnormality could be discovered to account for the rise of temperature. Various means were adopted to reduce the fever, such as baths, cold applications, and drugs, but all without effect.

The case of a woman, *æt.* 22, is described, who began to suffer from acute delirium after post-partum hæmorrhage. The temperature rose to 38.5° , the pulse was small and frequent, the mouth was dry, and the tongue coated. Her speech was incoherent, and she refused all food. Opium and quinine had no effect on either the temperature or restlessness.

The author thought the condition might be of an infective nature, and he consequently determined to try injections of antistreptococcus serum. After the first injection of 10 cm. the temperature became normal, and after the third injection the delirium ceased. The negative result of the blood-culture examination was no argument against the employment of the serum, as the blood was taken from the arm eleven days after the illness began. Dr. Mongeri recommends this form of treatment, but admits that the result does not help towards the elucidation of the vexed problem as to the real cause of puerperal psychoses.

R. CARTER.

On the Question of Salt in the Alimentation of Epileptics [*Du sel dans l'alimentation des épileptiques*]. (*Gaz. des Hôp.*, July 21st, 1900.) *Toulouse, Ed.*

Dr. Toulouse summarises his more recent results with this his treatment of epilepsy by the withdrawal of salt from the food, whereby the bromide administered medicinally appears to take greater effect, Dr. Toulouse's theory being, that under these circumstances, the bromide enters more intimately into contact with the tissues by substituting itself for the sodium chloride withdrawn. He gives details of the diets appropriate for this hypochlorinisation of the food supply. A regimen of 3 litres of milk and 1 to 2 lbs. of bread supplies about 5 grammes of sodium chloride, a quantity well adapted for this treatment. This diet with 2 grammes of bromide may yield excellent results; but by the temporary increase of the bromide, or temporary further reduction of the sodium chloride of the food, it is possible, if need be, to produce a greater effect. Dr. Toulouse uses by preference sodium bromide; he has not found any special advantage from strontium bromides. Where a milk diet is not tolerated, the original paper must be consulted for a suitable regimen (p. 826, *loc. cit.*). HARRINGTON SAINSBURY.

Symptomatology and Treatment of the Suicidal Impulse [*Sémiologie et traitement des idées de suicide*]. (*Gaz. des Hôp.*, October 16th, 1900.) *M.M. Garnier et Cololian.*

The dictum *mori licet cui vivere non placet* is no longer admitted, and the suicidal impulse is now generally accepted as a symptom of mental derangement. Suicidal ideas are described by the authors as (1) *false* or *simulated*, some hypochondriacs and hysterics exhibiting