

effective when started within twenty-four hours of admission to hospital. In the great majority of cases no after-treatment is necessary.

M. HAMBLIN SMITH.

*Auto-serotherapy in Mental Disorders [La autoflicteneterapia en las enfermedades mentales]. (Boletín del Instituto Psiquiátrico, Rosario, July, August, September, 1929.) Rotman, Isaac.*

With injections of serum from blisters the author treated twelve cases of insanity, amongst whom were cases of general paralysis, dementia præcox and puerperal confusion.

Observing the usual precautions for asepsis, cantharides paste on gauze, 3 × 3 cm. to 7 × 7 cm. in size, was applied to the skin. After having been fixed firmly with a bandage for 15 to 18 hours the serum from the resulting blister was withdrawn. Doses of 8 to 18 c.c. of this serum were administered hypodermically.

Results of treatment :

- (1) The treatment is only "calming."
- (2) It is efficient only in states of excitement and moderate agitation.
- (3) The tranquillity obtained was temporary and of variable duration.
- (4) The modification observed in the leucocytic cell-count persisted for 20 days.

The procedure does not offer technical difficulties, but repeated blistering leaves unsightly scars.

J. R. BEITH ROBB.

*Indications, Contra-Indications and Complications of the Malarial Treatment of General Paralysis. (Fourn. Med. Lyon, June, 1929.) Lépine, J., Bourrat, L., Christy, H., and Larrive, E.*

The authors consider that for "practical cures" and remissions in general paralysis the pentavalent arsenical preparations give the most satisfactory results. These results depend upon the periodicity of the treatment, which must commence at the very earliest signs of the disease.

If specific treatment has no influence on the syphilis, then malaria is recommended, especially in the confused or tabetic forms.

Malaria is contra-indicated when there is marked depression, wasting, repeated jaundice, pulmonary tuberculosis or nephritis, and in elderly paralytics. The aortitis so frequently present in this disease is not considered an obstacle to malarial therapy.

In this form of treatment good technique and careful observation of the patient will reduce the mortality, which the authors give in their cases as 11%.

J. R. BEITH ROBB.

*Museum Meanderings. (Occup. Therap. and Rehabil., June, 1930.) Bracket, T.*

In this article Miss Bracket describes a visit to the Newark Museum, pointing out how much of interest it holds for the occupational therapist. She indicates many designs, culled from