

Malaria induced by mosquito bite apparently also gives better results than that produced by direct inoculation and is the method of choice.

G. W. T. H. FLEMING.

*The Effect of Artificial Fever on the Clinical Manifestations of Syphilis and the Treponema pallidum.* (Amer. Journ. Psychiat., vol. cxiii, p. 517, Nov., 1936.) Neymann, C. A.

The writer draws attention to the fact that temperatures of 105·8° F. and above maintained for at least two hours kill most of the *Treponemata pallida* in the human body, so that all chancres and skin-lesions heal promptly after such treatment. Those treponemata which reach the glands become heat- and chemo-resistant so that arsenicals and heavy metals have to be combined with pyretotherapy. A patient with a negative or partially-positive blood serology treated by means of electropyræxia immediately yields a strongly positive serology, probably due to the massive destruction of treponemata. The results with electropyræxia in the treatment of general paralysis are every bit as good as those with malaria, if not better, whilst the death-rate is only 2·5%. Burns should not occur. The chlorides lost during treatment are best replaced by giving 6% sodium chloride to drink.

G. W. T. H. FLEMING.

*Delirious Episodes Associated with Artificial Fever.* (Amer. Journ. Psychiat., vol. cxiii, p. 191, July, 1936.) Ebaugh, F. G., Barnacle, C. H., and Ewalt, J. R.

The writers used the Kettering hypertherm on 200 patients, including 34 paretics. 108 patients developed 331 delirious episodes amongst the 1,324 fever sessions. Severe deliria were rare. 80% of the deliria occurred during the first session. The general average duration of the delirium was 1¼ hours. The reaction of the patient to the fever depends to a large extent upon the individual equipment and experience of the subject. Emotional instability and personality problems render a patient susceptible to delirious reactions. The writers feel that cerebral œdema is present during the delirious reactions, and that it is particularly evident in the moderate and severe types. The most characteristic and consistent signs of cerebral œdema are manifest in the parietic group.

G. W. T. H. FLEMING.

*Clinical Studies in Post-Lumbar Puncture Headaches.* (Amer. Journ. Psychiat., vol. cxiii, p. 639, Nov., 1936.) Heldt, T. J., and Whitehead, W. S.

The writers have evolved a method of preventing the headache which is so troublesome after lumbar puncture. A small piece of sterile catgut is pushed in by the stylet after all the fluid required has been withdrawn and left in the small hole in the dura. The patient is allowed to get up after ten minutes.

There was still a considerable amount of backache, aching of the legs and headache. There was often a rise in temperature of 1° F. for 2-3 hours. These symptoms the authors feel were due to mild meningeal irritation caused possibly by the influence of the foreign body introduced.

G. W. T. H. FLEMING.

*The Effect of Pilocarpine on Neurogenic Urinary Retention.* (Bull. Neur. Inst. New York, vol. vi, p. 154, Jan., 1937.) Dean, J. S.

The author reports 19 cases of urinary retention resulting from disease of the nervous system and treated by injections of pilocarpine. Within five days of commencing treatment 17 of the patients voided urine spontaneously. In 15 of these catheterization was rendered unnecessary, but in 4 cases catheterization was continued to prevent distension.

In 7 of the cases abstinence symptoms developed within 24 hours of stopping the treatment, but in 8 of the patients no change occurred in 24 hours, and in 6 cases normal micturition occurred within 2 days of stopping the treatment, and this continued as long as the patients were in hospital.

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