Periscope

He is also addicted to alcohol. It does seem in view of the endemic nature of malaria in the Southern States that there should be less general paresis among the negroes if it had the curative powers attributed to it.

ROBERT H. FOSTER (*Amer. Journ., Insanity*, 1926, v., 631-40).

A. N. B.

THE ADMINISTRATION OF LUMINAL IN EPILEPSY.

Luminal may be given orally, subcutaneously, intravenously, or intraspinaly, no bad effects having followed the administration of therapeutic doses of this drug by any of these methods. No form of treatment appears to create any tolerance. The effect of luminal is palliative in epilepsy rather than curative, and sudden withdrawal of the drug is contra-indicated. Luminal treatment by any of the above four methods has apparently more influence on severe than on mild attacks. The period required for the appearance of therapeutic effects is as follows: orally, 1 to 2 hours; subcutaneously, 15 to 30 minutes; intravenously, almost immediately; and intraspinaly, half-hour or more. The subcutaneous method is preferable in serial seizures. The employment of the intravenous method is indicated in status epilepticus. Intraspinal injection may subsequently render refractory cases more amenable to other types of treatment.

HAROLD A. PATTERSON, LE GRAND A. DAMON and PAUL LEVI

(*Journ. Nerv. and Ment. Dis.*, 1926, lxiii., 446-55).

A. N. B.

ON THE ROTATED OR "CEREBELLAR" POSTURE OF THE HEAD.

The rotated posture of the head is the result of interference with a tonic reflex in which the extensor muscles of the neck, under the influence of impulses from the labyrinths, are maintained in a state of tonus adequate to resist the effect of gravity on the head. Experimental destruction of one labyrinth, or section of the eighth nerve on one side, leads to rotation towards the affected side. Lesions confined to the cerebellum do not lead to such rotation, but lesions within the pons, mid-brain, or fore-brain may cause rotation of the head either to the affected or to the normal side according to their situation. A unilateral otitis interna or an acoustic nerve tumour may lead to rotation of the head to the affected side from interference with impulses from the labyrinth on the affected side. Tumours of the cerebellum lead to rotation of the head to the affected or the normal side, the former if they press on the homolateral eighth nerve, or the latter if they press on the pons and medulla on the affected side.

W. RUSSELL (*Brain*, 1926, xlix., 61-75).

A. N. B.