The question might be raised as to whether, after all, the fugues were not independent of the cyclothymia. This is difficult to sustain in the face of the revelations made of the previous fugue *during* a succeeding psychotic period, and, by corollary, the amnesia for these narrated events with memory for the narration. Granting the correctness of the diagnosis, which seems fairly well established, the interrelation, however unusual and inexplicable, seems incontrovertible, and the designation of the author, "Cyclothymic Fugues" thus far justified. [Author's abstract.]

Tracy, Edward A. EPILEPSY IN SCHOOL CHILDREN. [Boston Medical and Surgical Journal, Nov. 6, 1919.]

This paper reports briefly a survey of epilepsy made in three Boston school districts, comprising 2,786 pupils in grades from the kindergarten to the eighth. Shanahan has made the statement that, "Conservatively speaking, every two or three per thousand of the average population are epileptic." Among the 2,786 children examined there were found nine epileptics. This gives a proportion of 3.2 per thousand school children. Brief histories of the cases found are given in the paper. This abstract copies one of them, Case 4. It illustrates the accuracy of diagnosis made possible by noting the objective signs Tracy has found to be present in this disease, as in this case a positive diagnosis of idiopathic epilepsy was made nineteen months before the boy's first convulsion. The objective signs of idiopathic epilepsy are described by Tracy in the Boston Medical and Surgical Journal, Nos. 23, 24, 25, and 26, Vol. 78, 1918.

Case 4, referred to above, reads as follows: "A. J. Male. Aged ten years. Had bronchitis at six months, whooping cough at two years, and measles at seven years of age. Maternal aunt is an epileptic. In June, 1917, commenced to have dizzy and fainting spells. He would become 'deadly white' and fall. Twice he had two attacks on the same day. He suffered so frequently from dizzy spells that his mother ceased from sending him on errands for fear something might happen to him. Examination showed chronic vasoconstriction spots and abnormal sympathetic reflexes. The boy's mother was informed of the diagnosis—incipient idiopathic epilepsy. Under treatment his dizziness, pettishness, and fainting spells ceased. After six months the mother concluded there was nothing the matter with the boy and stopped medication. After a few months without medication, the dizziness and fainting attacks recurred, and again yielded to treatment. Again the mother neglected to continue medication, and on May 25, 1919, witnessed her son's first convulsion. This has awakened in the mother a realization of her neglect to follow medical advice, and it is hoped she will henceforth be more persistent in following it. Incidentally it confirmed the accuracy of the diagnosis made nineteen months before the first attack of convulsions." [Author's abstract.]