to explain the frequency of epilepsies born from the influence of the moral or traumatic shock of war.

Jelliffe, S. E. *THE EPILEPTIC ATTACK IN DYNAMIC PATHOLOGY.* [New York Medical Journal, July 27, 1918.]

Jelliffe approaches the problem of epilepsy from a dynamic point of view, which would look upon many disease manifestations not as entities in themselves but as expressions of faulty energy discharge. The human machine, as a whole, is considered as a transformer of the energy acquired or captured from the universe in which he lives. The modes of transformation are metabolic, sensori-motor and psychic. Therefore many epileptic attacks, not all, may be looked upon as a faulty energy discharge of the entire human being rather than of an isolated organ or part of an organ. Explanation and therapeutic approach have been long unsuccessfully made upon the metabolic or physicochemical level or the sensorimotor in some partial manner of attack. A practical basis is now also being sought, the writer states, from the psychical side. This means more than a superficial psychological approach which merely observes and classifies results of certain potent factors. It must enter truly within the psychical life through the dynamic or energy concept. Consideration of the three different forms or levels of energy discharge of the human organism explains the variety of epileptic phenomena and the predominance sometimes of one set of phenomena sometimes of another. Interference with any one level alone may check or repress the explosive energy force only to cause disturbance in some other part of the organism. Even psychological description of inadequate reaction to difficulties becomes of value only as it enters the whole field of the patient's energy transformation and discharge. It is necessary to enter into the patient's extreme egocentricity and the limitation and hampering of his energy through this, which have always marked his reactions to the environment. This demands exhaustive analytic work but it enlists the coöperation of the patient and a reasonable and high demand upon the guiding and controlling of his emotions and instinctive life through his intelligence. It necessitates an alertness of attention upon the shiftings and interchangings of energy which exist in the patient. It means research in the unconscious life for infantile wish impulses and immature tendencies which seek to express themselves in a world of reality where they do not work. The epileptic is in this more extensively and exclusively egoistic than the ordinary neurotic and the profundity of unconscious return in the classical convulsion indicates the depth of the ego unconsciousness, which at such times completely controls, at all other times colors all his modes of action and thought. This extreme egocentricity is accompanied by a shallow readiness of approach which marks the external superficiality of affect. This makes it difficult to rouse the patient's interest in the treatment but signifies rather than denies the strong emotional content which is so deeply bound up in the ego to the exclusion of outside interests. This may be bound

with an external compulsive form of action, which also indicates this emotional separation of interests, with the intensity of the profoundly hidden ones. The love life shows the same superficial aspect on the one hand and absorption in the infantile on the other. This background is not a successful one for facing reality and so at times the struggle resolves itself through the convulsion into absolute control on the part of the unconscious of all levels of activity, psychic, sensorimotor and metabolic and this works in deterioration to such a permanent control. Various writers have recognized the emotional factor underlying the epileptic attack and have been inclined to separate off an emotional or hysterical epilepsy from a genuine epilepsy. This seems to the writer not well founded and also unnecessary in the light of the energy concept. Practically, the same approach through psychoanalysis must be made in order to understand the psychical side and therefore the complete working of the dynamic process in the production of any or all of these forms of attack. The convulsion sometimes represents a direct flight into sexuality, but sexuality of a distinctive infantile nature.

Tomiselli, A. PREGNANCY AND STATUS EPILEPTICUS. [Ann. d. Obstet. e Ginecol., Apr., 1917.]

The author's case observation is utilized to call attention to the need of differentiation of eclamptic from other types of attack during pregnancy.

Bisgaard, Jarlon, Nørvig. TREATMENT OF EPILEPSY. [Hosp. Tid., July 7, 1918. J. A. M. A.]

Bisgaard and his co-workers have been studying the chemical reactions of urine and blood in epileptics during and after seizures and in the intervals. The alveolar carbon dioxide tension and electrometric determination of the concentration of oxygen ions coincide in demonstrating as a seizure impends an increase in the blood and urine of substances giving an alkaline reaction. During the seizure and afterward there is a pronounced turn to an acid reaction. They interpret the acid reaction as an effort on the part of Nature to restore the normal balance between the alkaline and acid reactions. Certain data presented render this assumption plausible, and suggest that in treatment of epilepsy efforts should be made to combat the pathologic tendency to alkalinity. This might be realized by giving acids or other substances to increase the oxygen ion content of the blood, or accomplish the same by dietetic means or physiotherapy. They emphasize the close concordance between the chemical reactions in blood and urine as they veer from normal to alkaline while the seizure impends. Then both veer to acid during and after the seizure. The conflicting findings in the literature were due in large part to the unreliability of the older technics applied. All the testimony to date indicates that the composition of the urine undergoes certain abnormal changes, by which the degree of acidity is materially altered.