Periscope.

CLINICAL NEUROLOGY.

- 142 UEBER DIE BEZIEHUNGEN EPILEPTISCHER ANFÄLLE ZUR HARNSAURE-AUSSCHIEDUNG (On the Relations Subsisting Between Epileptic Attacks and the Excretion of Uric Acid). Caro (Deutsche med. Woch., May 10, 1900).

Caro first recapitulates the work of his predecessors in this direction. In 1896 Haig noted that before epileptic attacks there was a diminution in the excretion of uric acid. In 1897 Kieman found that, generally speaking, the amount of uric acid in the blood of epileptics was increased, while Charon and Briche found that in certain cases there was a connection between the alkalinity of the blood and severe epileptic attacks; with fewer and milder attacks there was increased alkalescence of blood, and vice versa. Recently Krainsky has made some important studies; he found 24 to 48 hours before an attack, a regular diminution of acid in the urine, so regular, in fact, as to have a prognostic value. Krainsky regards the diminished amount of acid as due to a toxic action. This poisonous substance causes the convulsion; and is in turn destroyed by it. The blood of epileptics is toxic to animals at or just before the attack. These findings confirm the results given by others. Krainsky's supposition was that the toxic agent is ammonium *carbamate*, with free ammonia in the blood.

Caro gives a curve which shows the percentage of uric acid and its relation to several epileptic attacks occurring within a month. Epilepsy must be conceived at the present time as a result of intoxication; all other convulsive maladies are of this nature, uremia, eclampsia, convulsions in ordinary poisoning, the convulsions of children attacked by acute infectious diseases. Even the presence of focal disease in the brain does not wholly invalidate this conclusion; for a symptom complex may be caused by different affections.

CLARK.

- 143 EPILEPSY. W. P. Spratling (Buffalo Med. Jour., June, 1900).

In this paper Spratling says that the disease is found most frequently (1) during early infancy and dentition; (2) during the period covered by the seventh and eighth years, and (3) during the marked transitional period of puberty. Among the causes are: (1) direct transmission from parent to child; (2) accidents at birth; (3) intense pathological processes that should be physiological, such as difficult dentition, especially in rachitic or scrofulous children; (4) indigestion and malassimilation; (5) accidents of early life, and (6) the grave physiological disturbances that come at puberty. For prognostic purposes it is essential to divide epilepsy into that form due to some physical defect or deformity and into the true form of epilepsy in which no direct cause is apparent and in which the physician can do far less good. Treatment may be in institutions or at home; in the latter case, too much parental sympathy, the too liberal use of medicines, especially of the proprietary kind, and improper food, often defeat the object in view. It is important that patients should have meat but once a day, and that at noon and only in small quantities; they should have nothing