where these would be expected. The gum maintains an adequate supply of oxygen by a good circulation which oxidizes the acid products and prevents the formation of oxygenated blood. A slight rise in hydrogen-ion concentration may be of advantage in assisting in the arterialization of the blood through the respiratory center. [J.]

Vignes, H. INTRACRANIAL HEMORRHAGE IN THE NEW-BORN. [Prog. Med., Paris, Sept. 21, 1918, 33, No. 39, p. 321.]

Although prognosis may not be absolutely fatal, the sequels in those who survive justify any measures that will remove the extravasated blood. Probable symptoms with hemorrhage above and below the tentorium are described. Immediate operation and reduction of loss of blood to the minimum will aid in keeping down the mortality which to date is 50 per cent. Lumbar puncture, twice or thrice a day, if it brings blood, may be useful. Incision of the fontanel and dura, and rapid evacuation of blood in this way has been tried by Simmons in some desperate cases. The skull should be opened on the side opposite the arm exhibiting the most pronounced convulsions. Blood not clotted should be for a day puncturing if hemorrhage in the ventricle is suspected. Bilateral trephining will relieve the pressure. In case of bulging brain, without hemorrhage, an injury below the tentorium leaves the child quiet but somewhat cyanotic and with nystagmus. Blood flowing down the spinal subarachnoid space causes stiffness of the neck, and diffuse rigidity, with erection. Lumbar puncture always shows blood and the fontanels do not bulge. A case with subtentorial hemorrhage calls for Cushing's occipital incision.

Clark, L. P. TREATMENT OF THE EPILEPTIC. [Journal A. M. A., Feb. 9, 1918.]

Clark compares the progress that has been made in our views of epilepsy and its treatment to those changes somewhat similar in our notions of treatment of consumption. The old fashioned sedative treatment with the bromides is less popular today and few physicians hope to cure the nerve disorder when seizures have become frequent and exhausting and the patient's ability for proper self-direction of his life is markedly impaired. It is beginning to be realized that so-called idiopathic epileptics are rarely, if ever, free from the hallmarks of their disorder mentally and physically during the intervals between their seizures, and the broadest possible therapy is demanded to cover their entire life activities. When one studies the majority of patients carefully, their peculiar make-up is recognizable and the peculiar personality most frequently dates from birth. The disease has been in evolution for years and the grand mal attack has been preceded by years of minor seizures, absences, vertigoes, etc. It is important therefore that the lay public should be educated to recognize the potential epileptic. The