

excretion of nitrogen. (b) This fact is an argument in favor of the view that certain forms of epilepsy result from a state of autointoxication, a true disturbance of cell metabolism. Absence of a diazo reaction in epilepsy justifies a favorable prognosis; the presence of the reaction implies a fatal prognosis in two thirds of cases. The diazo reaction, which appears on the occasion of epileptic parovysms, is an indication of a disturbance which affects the nutritive exchanges of the subject. In spite of the semeiological insignificance with which this reaction was first viewed, it seems to be a demonstration in the mechanism of cellular metabolism. The view that epileptic crises are the result of intoxication by ammonium carbamate is discussed and it is pointed out that the intoxication with ammonium carbamate is probably excessively slow as compared with the rapidity of onset of an epileptic attack and the rapid evolution of the symptoms.

**Jellinek, S.** THE DIAGNOSIS OF EPILEPSY. [Wien. med. Woch., November 1 and 8, 1919.]

Two signs of epilepsy—the presence of Babinski's reflex and the occurrence of petechiae and ecchymoses in the skin and mucous membranes are discussed especially by Jellinek. Babinski's reflex is present during the attack, and often this persists for three-quarters of an hour. In many cases after reflex was exhausted Oppenheim's sign could be observed especially after attacks of petit mal. Petechiae, though not found so regularly as Babinski's sign, occurred in nearly half of the 368 epileptics observed by Jellinek. They were most frequently found in the upper lids, but in many cases upper and lower lids were sprinkled over with petechiae. The root of the nose and forehead, and even the frontal scalp and temples had them.

**Clark, L. Pierce.** A PSYCHOLOGICAL INTERPRETATION OF ESSENTIAL EPILEPSY. [Jr. Am. Med. Sc., May, 1920.]

The causation of essential epilepsy is dependent upon a primary congenital defect or inheritable defective instinct of natural and healthful adaptations to reality; producing the epileptic makeup or constitution. At successive periods in life, early infancy, nursery days, puberty and adolescence, when intensive emotional and psychic stresses are encountered, the potential epileptic has epileptic reactions such as fits, temper outburst, lethargies and various psychic phenomena. The fit is a regression, a flight into unconsciousness from undue stress. The convulsive phenomena resemble somewhat the impulsive movements of the fetus and nursing, and are the deeper manifestations of unconsciousness. The depth of the regression and the infantility of the individual may be studied by analysis of the states of automatism, conscious analysis, and dream states. The proper treatment of epilepsy is not by sedatives but by intensive and persistent educational training, together with the cor-