malaria has, of course, been noted by Rudolff (*Therapeutic Malaria*, pp. 25 and 53) and others.

The advantages claimed for this mode of treatment are (1) reduction of mortality and of suffering for the patient; (2) mental and bodily re-education can be begun a few days after the first attack; (3) anti-syphilitic treatment by tryparsamide or salvarsan can be combined with the malarial treatment more readily; (4) great reduction in anxiety and labour for the physician and nursing staff; the treatment is placed within the reach of the general practitioner since shielded nursing in hospital is no longer necessary.

No difficulty has been found in causing a second attack of malaria, even with the same strain of parasite; out of eight such cases all developed fever of not less than 103° F. after incubation periods varying from nine to twenty-six days. The intervals between first and second inoculations varied from thirty-three and between the first rigors of the two attacks from forty-one to one hundred and twenty days. Ten cases have received two inoculations from different strains, and all developed fever of over 101·5° F. after incubation periods of six to nineteen days.

The case referred to above as cured without pyrexia is of some interest. It may be summarized as follows:

J. G—, æt. 45, potters' artizan, admitted December 7, 1924.

Duration of illness: Slightly grandiose ideas for five years, but only stopped work three weeks before admission.

State on admission: Pupils react very slightly to light; deep reflexes active; cerebro-spinal fluid, colloid benzoin reaction paretic curve. Mentally exalted, talkative; says he bought a motor-car yesterday; occasionally violent.

Treatment and progress: December 14, 1924—inoculated with malarial blood. January 2, 1925—no rise of temperature but is anæmic, and B.T. parasites are present in large numbers in the blood. January 9th—no rise of temperature, marked anæmia. January 16—rowdy and destructive. January 23—still no pyrexia. Blood, reds, 3,650,000; hæmoglobin 60%; leucocytes 7,000, polymorphs 71%, large lymphocytes 8%, small lymphocytes 10%, large mononuclears 4%, transitionals 7%; parasites in large numbers. January 29—no fever, quinine begun; unreasonable and exalted. February 28—disorientated, exalted, destructive. May 15—exalted, but active and working well. June 15—has got rid of exaltation and recognizes that it was due to "nerves." September 2—cerebro-spinal fluid, colloid benzoin paretic, Wassermann positive in dilutions 2/1 to 1/5. September 29—is generally quiet, but is excitable, especially towards evening. November 10—apparently complete remission. November 11—discharged on trial. January 1—1926—discharged recovered. D.C.M.S. reports he can find no mental abnormality. January 20, 1928—has been in regular employment at his trade since discharge; pupils almost immobile, blood Wassermann positive.

Clinical Notes from St. Andrew's Hospital, Northampton.

Luminal in Epilepsy.

The control of epileptic seizures by luminal is now quite common, particularly in institutions, but the cure of such a severe type of case as the following may be unusual, and a few details thereon

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may be of interest to those who make a study of epilepsy and its treatment.

A male patient transferred to this hospital had been the victim of attacks of *grand mal* for a considerable period. On arrival he was in a mental state which could be classified as dementia. He was very confused, impulsive, violent, filthy in habits and obscene in his language.

His seizures were most frequent at night, and were all of the *grand mal* type. During the first week (February, 1926) he had 10 seizures, of which 8 were at night. Luminal sodium, gr. 1½ *b.d.*, was administered, and during March he had only 7 seizures in all, of which 4 were on one day. Thereupon the dose was increased to gr. 3 *b.d.*, and during April the total number was 8, and these during the day.

A diminution of the dose to gr. 1½ resulted in an increase to 26 fits in May. A second increase in the dosage resulted in a steady decrease of the fits in June and their total absence in August and September. A return to gr. 3 with pot. brom. gr. 30 at noon resulted in an immediate cessation of the seizures. The dose was later gradually reduced after stopping the bromide. Since July, 1927, gr. 1 *b.d.* has been sufficient to check completely the epilepsy.

Since October, 1926, the patient has been free from seizures. Physically and mentally he has completely changed. He has increased in weight to the extent of 12 lb. Mentally he is now alert, bright, sociable, normal in his behaviour, and has had "parole" outside the grounds for some time. I would suggest, as a result of experimenting with this severe case, that fairly large doses of luminal should be used at first (sodium preparation), morning and night, and combined with pot. brom. gr. 30 at noon. Then a gradual tapering off, beginning with the bromide.

Sodium sulphate one drachm was given every other morning early for a considerable period, and had a satisfactory effect. At the patient's request it has been continued and is now given twice weekly.

G. W. MACKAY, M.B., D.P.M.

GARDENAL IN EPILEPSY: A COMPLICATION.

A patient, æt. 67, male, suffering from epilepsy and having both types of fits, was treated with gardenal gr. 1½ daily for a period of three months with satisfactory results in the reduction of the number of fits. During the three months preceding the administration of this drug the patient had had 8 major and 218 minor fits, as compared with 3 major and 178 minor for the following three

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