Yorke, W., and Macfie, J. W. (1924).—"Certain Observations on Malaria made during Treatment of General Paralysis," *Lancet*, 1924, i, p. 1017.

(2) Wagner-Jauregg has reported an incubation period of 36 days (*Journ. Nerv. and Ment. Dis.*, lv, p. 369).—(3) Wagner-Jauregg has reported an incubation period of 36 days.

The Fæcal Acidity in the Insane Epileptic. By GEOFFREY COBB, M.R.C.S., L.R.C.P., D.P.M., Resident Physician, Brooke House, Clapton.

THE following is a brief synopsis of some notes relating to the acidity of the fæces in epilepsy. These results were obtained and compiled as preliminary data, anticipatory to the carrying out of further investigations with regard to epilepsy. The fæcal acidity of 50 female epileptics, who were chosen at random from those undergoing treatment in hospital, was determined. These estimations were not detailed, but were of sufficient accuracy for comparative purposes. In each case the term "acidity" denotes that quantity of normal sodium hydroxide solution, measured in cubic centimetres, required to neutralize the total quantity of acids extracted from 100 grm. of the given specimen of fæces. Several analyses were carried out in each case.

The cases thus examined showed the lowest average mean acidity = 5·22, and the highest average mean acidity = 17·64.

The specimens of fæces were obtained at different intervals, both during the period when the patients were experiencing many fits and also during their comparatively quiescent period. The fit-incidence in all cases was noted for each month. The fæcal acidity served no criterion as to the number of fits which the patients experienced. Many patients, showing a high acidity, did not have an increased number of fits over those whose fæcal acidity was low, and *vice versâ*. As was previously mentioned, all the cases were chosen from that group which for purposes of hospital administration were classified as "epileptic." Amongst these were included congenital mental defectives, senile cases, chronic alcoholics, and many with organic cerebral lesions. It was accordingly decided to conduct a further examination into those cases of the so-called idiopathic epilepsy who fulfilled the following conditions: (1) Non-syphilitic, (2) non-arteriopathic, (3) under 40 years of age, (4) without any accompanying bodily disorder, (5) showing

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normal blood-pressure (approx.), (6) not congenitally mentally defectives.

Fifteen patients who complied with the above were chosen. They underwent no medicinal or dietetic treatment for the period of one month prior to obtaining from them the first specimen of fæces.

Estimations of the acidity of the fæces and urine were determined at frequent intervals over a period of one month. The number of fits experienced by each patient during this time was recorded. The results are shown in Table A.

TABLE A.

Name.	Fæcal acidity.	Urine acidity.	Number of fits during month.
F. G—	6·35	1·4	20
M. B—	6·59	2·7	2
R. T—	5·79	1·9	8
V. H—	6·17	3·4	43
M. A—	9·95	1·0	15
S. M—	5·17	1·8	2
E. H—	5·41	2·0	10
M. C—	8·10	0·9	5
L. B—	4·17	4·4	16
K. B—	6·95	2·8	21
T. R—	11·77	2·5	13
S. C—	9·15	2·0	5
E. B—	6·89	4·0	4
S. S—	6·59	6·9	5
F. W—	6·81	1·3	59

TABLE B.

Name.	Fæcal acidity.	Urine acidity.	Number of fits during month.
F. G—	5·33	1·9	19
M. B—	11·34	0·5	7
R. T—	2·50	2·5	9
V. H—	6·27	6·5	61
M. A—	5·39	3·6	18
S. M—	4·58	1·9	3
E. H—	3·75	1·9	8
M. C—	7·72	1·7	7
L. B—	5·39	0·5	17
K. B—	4·42	4·5	4
T. R—	3·20	2·2	20
S. C—	6·56	0·2	16
E. B—	8·75	—	14
S. S—	7·05	1·5	5
F. W—	5·22	4·0	71

These same 15 patients were then subjected to an increased carbohydrate diet.

Doses of pure potato starch were administered three times a day. This administration of starch was in addition to the carbohydrate contained in a diet of potatoes, bread, etc.

After being treated for one month and whilst still continuing this diet, samples of fæces and urine were again examined. The number of fits occurring during one month of this treatment was recorded.

The results are shown in Table B.

REMARKS.

The fæces and urine in all the cases examined showed an acid reaction. No alkaline or neutral reaction was obtained. Many cases whose fit-incidence was high did not show a corresponding high acidity of fæces, and *vice versâ*. There was considerable variation in the degree of acidity shown in individual cases. Sometimes the

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patient had more fits when the fæcal acidity showed a low reaction, sometimes the reverse condition obtained.

The increased carbohydrate diet produced no appreciable alteration in the reaction of the fæces or urine. Similarly there was no general increase or diminution in the number of fits which occurred when the patients were on this diet, as compared to the number occurring when patients were taking an ordinary diet.

The general mental state of patients when taking extra carbohydrate remained much about the same as previously. There occurred nothing in the nature of epileptic equivalents or replacements.

If acidosis be regarded as an ætiological factor in epilepsy, the ingestion of extra carbohydrate did not appear to aggravate the condition.

The degree of fæcal acidity was not systematically compared with that of the non-epileptic subject. In two normal cases, however, the examination of fæces showed varied reactions in the same proportion as the above, so it would be inferred that the results would be comparable. Further, the reactions obtained in the first series of analyses showed a similar variation in reaction to those shown by the true epileptics.

Clinical Notes and Cases.

Notes on Treatment by Hypnotic and Hypnoidal Methods of Extern Cases.(1) By JOHN J. FITZGERALD, M.D., Assistant Physician, Cork Mental Hospital.

THE question of early treatment of incipient mental illness—a problem which is being solved to some extent in England—has not, so far as I am aware, been dealt with yet in the Free State. The establishment of out-patient clinics in mental hospitals would be a desirable way to institute such treatment here.

It has been stated that very few patients would come for treatment to the out-patient clinic of a mental hospital as they would be branded as being insane by their attendance at such a place. I admit there is something in this objection, and no doubt the better arrangement would be to have a doctor from the mental hospital attending on certain days at a general hospital, where he would

(1) A paper read at the Summer Meeting of the Irish Division held at Cork, July 14, 1925.

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