lowing frequencies: 512–1024–2048. All other frequencies remained the same. This slight increase gave the child a hearing for the spoken voice on the left side of 24 inches. The right side still had a total loss of serviceable hearing.

F. A. S.

ANONYMOUS: *Anaesthetic Convulsions and Epilepsy.* Lancet 2: 444–445 (Sept. 30) 1944.

"Epilepsy may develop in patients with head injury, neurosyphilis or infantile hemiplegia, who also have a family history of the disease; and . . . [Brain] suggested that in these cases the acquired lesion precipitated the convulsions by activating an inherited predisposition. . . . The electroencephalograph has enabled us to detect predisposition, and so has made it possible to distinguish constitutional from accidental factors when both are present. . . . To regard an inborn epileptic tendency as the primary cause of anaesthetic convulsions may be to simplify our ideas too much. The inborn tendency is already there, but the anaesthetic is no less essential; and possibly even the two together would not have induced convulsions if the blood-sugar had not fallen from preoperative starvation. . . . To oversimplify the problem tends to disguise the fact that the complex aetiology matters in prevention and treatment. We must be careful that the remarkable achievements of electro-encephalography do not blind us to that vision of the patient as a whole which we inherit from the great clinicians."

J. C. M. C.

ASRATYAN, E. A.: *A New Method for the Treatment of Traumatic Shock.* Am. Rev. Soviet Med. 2: 37–43 (Oct.) 1944.

"The present communication is based on a series of experiments undertaken to investigate the shock syndrome. The experiments were directed along the following lines: 1) functional restoration of uncoordinated and asthenic nerve centers; 2) restitution of altered hemodynamics (atonic arterioles, diminished blood volume, hypotension), of disturbed capillary permeability and blood chemistry (oligemia, hypercalcemia, anoxemia, and acidosis); and 3) the neutralization and elimination of toxic histolysed, bacterial, and metabolic substances. To accomplish the first objective, that of restoring asthenic nerve centers, it was decided to follow the observations of Pavlov and to emphasize increased physiologic rest, by inducing sleep. . . . The literature contains many reports on the effective use of alcohol, opiates, bromides, and other sedatives in the treatment of shock. Their efficacy has been attributed both to their analgesic and hypnotic action. They have been found more satisfactory than total anesthesia or hypnosis by the use of chloroform, ether, barbiturates, soporifics, chloralose, or magnesium sulfate, which did not produce uniformly good results in the prophylaxis and therapy of traumatic shock. These drugs have, therefore, fallen into disuse despite positive clinical evidence in some cases. . . . It is obvious then that a more suitable drug must be sought for the treatment of acute shock. . . .

"Toward this end, hypnotics, bromides, and ordinary Ringer's solution were compounded in various concentrations and administered in varying doses. This anti-shock solution is made from crystalline substances, adjusted for synergistic action. At present the mixture of NaCl, 14 grams; $CaCl_2$, 2.5 grams; $NaHCO_2$, 1 gram; NaBr 1.2 grams; glucose, 20–24 grams; a hypnotic in an amount depending upon the type used: 40–45 cc. of distilled alcohol; and 1,000 cc. of dis-