

(4) Elevation of the foot of the bed for six to eight hours, or keeping the patients flat for twenty-four hours. In the treatment of post-spinal headache due to aseptic meningitis the administration of pitressin or glucose saline may relieve intracranial pressure by promoting diuresis. Barbiturates may be required to relieve persistent severe post-spinal headaches."

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ADLER, HARRY: *A Study of the Headaches following Diagnostic Spinal Taps*. New York State J. Med. 43: 1328-1330 (July 15) 1943.

"Our study consisted of 108 cases, and it was viewed from several aspects. We performed our spinal taps at 2:00 P.M., with the patient sitting erect, and did the tap as quickly as possible to avoid agitating the patient. We advised him emphatically to go to bed as late as possible; however, if the patient requested hospitalization, it was granted, and if the patient requested bed rest following the spinal, that was also granted. Since the men in our study are likely to take advantage of any opportunity to avoid work or to make known their complaints, our figures are more significant than they might be if they had been taken from a group of patients who must earn their own livelihood. Of our 108 cases, 14 had moderate or severe reactions, a percentage of 13. We thus observe that encouragement to patients to stay erect after a spinal does not increase morbidity but somewhat lowers the percentage of headaches. . . . Edematous changes have been noted in the fundi of patients who have had headaches following spinal taps. Consequently, we believe that the headaches are due to an increased amount of fluid in the central nervous system. . . . Sedation given before spinal tap entails a lower percentage of post-tap headaches. In our own series, we find a definite cor-

relation between constitutional inadequacy and headaches. We must recognize the fact that a patient lying flat on his back is bound to be very alert to any and all subjective sensations and therefore we cannot deny that putting a patient to bed after a spinal to avoid a headache is apt to encourage introspection and thereby subject the patient to many troublesome thoughts and sensations. . . . The sooner a patient goes to bed after a diagnostic spinal tap, the more apt he is to have a headache and the more likely it is to be a severe headache. The longer a patient is erect after a spinal tap, the less apt he is to have a headache, and if one is present, it is likely to be mild. We believe there are two factors that predominate as to the causative factors of spinal headaches—namely, constitutional makeup and disturbed psychogenic influences." 11 references.

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LAWRENCE, J. W.: *Barbiturate Poisoning*. J. Iowa M. Soc. 33: 303-306 (July) 1943.

"Barbiturate addiction has long been known to occur frequently and is increasing in the United States. . . . Besides the dangers of addiction, which include accidental overdosage, these drugs seem to influence many of the addicts to commit suicide. Certain is the fact that there were four cases of poisoning by the barbiturates in our 913 necropsies, which led all other poisons except alcohol as a cause of death, indicates the seriousness of their promiscuous use. . . . The following general measures should be carried out: Evacuate and wash out the stomach with permanganate solution, 1:3,000; intravenous infusions of normal salt and dextrose solutions; artificial respiration and inhalation of oxygen by nasal catheter. Strychnine may be given as a stimulant. Suction should be used for secretions which accumu-