syphilis, the cells are notably polymorphic and that plasma-cells are always present in a greater or less quantity. In 17 cases examined before and after malarial therapy, it was shown that there was no parallel between the cytological and serological formula of the fluid and the mental condition of the patient. It confirms the importance of the examination of the cytological formula, which can be easily carried out by the method of vital colorization, as an indication of the diminution or disappearance of acute conditions in the meninges and parenchyma in paresis after malarial therapy.

R. G. G.

PROGNOSIS AND TREATMENT.


By means of moving pictures the effects of the inhalation of high concentrations of carbon dioxide and of sodium amytal given intravenously was noted in neuropsychiatric patients. The experiments follow the work of Lorenz who considered that part of the psychotic manifestation of catatonic-like stupor was due to inefficient respiratory activity. In the first case, that of a woman whose diagnosis rested between that of a benign stupor and a catatonic-schizophrenic condition, it was found that after breathing a mixture of 40 per cent. carbon dioxide and 60 per cent. oxygen for two or three minutes, the patient became quite normal in her responses and activity. The period of lucidity lasted for 15 to 25 minutes. Then a confused expression was shown, movements slowed, there was difficulty in memory responses, and soon the original state was regained. It is interesting to note that in the course of a few months this patient began to show a definite improvement. The second case was a catatonic dementia praecox. After the inhalation of the gas mixture the patient was much brighter, talked, dressed himself quickly, made himself neat, and showed lively rational movements. The third one was in the terminal stage of a catatonic dementia praecox. The gas produced violent convulsive movements following which the patient sat up and talked a 'word-salad' replete with obscenity. Two other patients who were suffering from very marked Parkinsonism after epidemic encephalitis and who were unable to get off the bed or walk showed definite change. In both the tremor was first increased but later this was less, and also the rigidity. One could move somewhat and the other was able to get up off the bed and walk about the room. In a patient with a negativistic, mutistic syndrome, an injection of sodium amytal produced marked results. He showed normal expression, talked fairly freely, and was reasonably co-operative. In half an hour he relapsed into his former state.
ABSTRACTS

It has been the authors' experience that patients with long-standing schizophrenic symptomatology show less response than do the patients in more acute attacks or those whose cases seem to fall more properly into the group of benign or toxic infective stupors. With those whose cases are of long-standing, the most that happens is a 'word-salad' response, suggesting this may be the full capacity of the cerebral process at the time.

It is assumed in the case of the stuporous patients that there is a reduced activity of cerebral neurones, perhaps dependent upon an interference with the normal metabolic activity of the cell. With the inhalation of the gas there is possibly a further lessening of metabolic activity resulting in lessened activity of the neurones and in the clinical manifestation of a loss of consciousness. With the cessation of carbon dioxide these processes are relieved from interference, with the result that they seek the point of equilibrium maintained previous to the inhalation. In so doing they are necessarily speeded up and may overstep the previous point of equilibrium—that is, may approximate to a more normal degree of metabolic activity with a consequent more normal degree of nervous activity shown by more normal contact with their environment. This hypothesis would similarly explain the situation in regard to sodium amytal anaesthesia.

C. S. R.


After giving a critical digest of the literature on the subject the author refers to a series of 19 cases of dementia praecox treated by malaria therapy. These included hebephrenic and catatonic forms, and also patients in the last stages of the disease with extreme mental enfeeblement. The author is favourably impressed with the application of malaria therapy in dementia praecox, having seen some cases of cure, as he alleges, and none of serious danger.

R. G. G.


The writer comes to the following conclusions. More patients receive psychiatric attention than is possible by the individual method. Thus many are helped who might not be helped otherwise. They receive the beginnings of a mental and emotional reeducation and obtain varying degrees of emotional release. Many are motivated toward improvement and recovery and they work out their social difficulties in the class toward a successful issue. The
emotional and mental streams are extraverted at the social level. Patients are made more accessible for the individual approach, are made in every way better hospital citizens and their morale is improved. The class hour for most of them is an hour of happiness. It is too early to draw any conclusions as to relation of diagnosis to the success of the group treatment. While the functional cases are necessarily the most hopeful, many organic ones have been thus helped. The method fills the great need of providing a presentation of reality which is more attractive and more potently motivating that the ideas and situations that motivate mental disease. In order that the most can be made of the group approach, it is recommended that communities of mental patients be thought of as schools rather than as hospitals, that the psychiatrist be preeminently an educator, and that the victim of a psychosis be regarded rather as a student to be reeducated than as a patient. While the writer believes that the group approach is a necessary part of the treatment of mental disease, he urges it as an addition to what we already possess, and not as substitute. Individual treatment will still be required in every case.

C. S. R.