suggested elsewhere); in every case therefore this region should be examined. Drastic removal of septic foci, merely on diagnosis of their existence, is no more to be commended in mental patients than in other persons. But, if other methods fail, such a procedure, carried out in a large number of cases, with adequate control, may become necessary; it may afford the only incontrovertible test of the influence of septic foci in producing and increasing mental abnormality.

C. S. R.


The usual difficulty in obtaining reliable family histories was encountered, but in 85 out of the 160 cases there had been combinations of epilepsy, major mental disorders, excessive alcoholism, and mental defect in the near relatives, usually in the parents or siblings. In 86 family histories there had been epilepsy in the grandparents or siblings. In 86 patients there was a history of excessive alcoholism previous to the onset of the epilepsy or during its course or both. The much mooted ‘epileptic personality’ was alleged to have been present in the preconvulsive lives of 16 of the 160 patients (10 per cent.). In 87 instances the attacks started in infancy and in 15 of the women the earliest seizures were associated with menstruation and the sexual epochs. As regards mental symptoms, 70 cases had outstanding confusion, and sadism was seen principally in this group. Extreme religiosity with mystical ideas was present in 19 instances and paranoid signs in 25. Actual depressive content was seen in only nine cases, which is in keeping with the low rate of depressions among the negroes as a race. Neurosomatic deterioration syndromes as evidence of disorder of the nervous system were demonstrated in 48 cases. Forty-six of the 160 were discharged from the hospital, 24 as improved and 22 as unimproved. Of the 114 remaining patients, 77 have died, 33 with status epilepticus, and the rest with asphyxiation, tuberculosis, pneumonia, cardiac failure, etc. Perhaps the most important feature noted after death was the microscopical brain picture described by Spielmeyer, consisting of a moderate diffuse cerebral neurogliosis with particular focal involvement of the hippocampus, and in addition cicatricial infarcts, minute hæmorrhages into the tissues, increase in rod-cells and neurone degenerations.

C. S. R.

**PROGNOSIS AND TREATMENT.**


The authors conclude that sodium amytal is relatively non-toxic and offers a wide margin of safety. In their investigation no patient subjected to the
narcosis treatment was made worse, while 80.8 per cent. were improved or recovered. Results showed 38.5 per cent. of complete recoveries; 42.3 per cent. of cases that were definitely improved; and only 19.2 per cent. that remained unchanged. All cases of acute mania made recoveries. The results indicated that the greatest success with this form of treatment can be anticipated in the manic-depressive group. This is directly opposed to the findings of several investigators who regard sodium amytal as a specific therapeutic agent in schizophrenia and a drug distinctly contraindicated in manic-depressive psychosis. Prolonged narcosis as a therapeutic procedure in psychiatry should be carefully evaluated by systematic trial in a large series of cases of all types. The mechanism of recovery or improvement seems to be psychological rather than biochemical. A psychodynamic formulation seems not only more reasonable and more tenable but is readily correlated with and supported by well founded psychological and psychiatric observations.

C. S. R.


Schizophrenia can certainly be considered as an organic disease but we must not believe that an organic disease cannot be provoked by psychical causes and cannot be influenced in a psychical way. Psychoanalytic investigations so far have failed to show what the fixating events and facts in schizophrenia are, but we are justified in asking about the general problems concerned in the psychical treatment of organic conditions. These are discussed. Since a sharp borderline between organic and psychogenic must not be postulated, it is clear that as long as we do not have any reliable somatic therapy we should use our psychotherapeutic procedures. In some cases psychoanalytic approach may help but where this is not possible we can help the individual to adapt. Occupational therapy, fitting surroundings, etc., will be of importance here. It will also be possible to remove factors which provoke excitement and therefore pull the individual back strongly from reality. It is possible that even those measures will influence the process of the disease. The psychic influence may also change the appearance of the organic change. Psychotherapy is obligatory in every case of schizophrenia. The general principles involved influencing organic changes have to be applied in a careful way to the specific problems of schizophrenia. There is no question that one can do much for the schizophrenic patient but it cannot be decided yet whether we cure the schizophrenia or whether we help him to a better adaptation to reality and to his life problems.

C. S. R.
Prophylaxis in crime and delinquency of childhood.—R. de Saussure.  
L'hygiène ment., 1931, xxvi, 14.

The asocial child has lost faith in the kindness of its teachers, when hatred and rebellion follow. The child must win the confidence of his teachers by realizing that he is in search of affection. Asking a child why he does this or that is to antagonize him. He realizes that the investigator cannot understand his difficulties and his lack of affection for which he craves. If the investigator gives the latter the question need never be put. In simple cases, the mere separation of child and parent for a period will cure unsociable tendencies. In cases of open rebellion, the child is frequently disarmed by the investigator making himself an ally. In the case of prison treatment, it is difficult for the doctor to appear in the rôle of sympathetic ally. It is useless being impatient with the young delinquent's lies and hostility. Encouragement alone helps to break down the initial barrier, after which the subject discloses his past and will even criticize his own reactions, however hostile, and thus understand them. For this investigation women are necessary for juveniles under 18. There is of course danger of excessive attachment to an investigator whose confidence is obtained. He wishes to be treated better than others. At this stage the doctor must behave like an 'ordinary parent.'

Above all the purely personal attitude of the child must be made clear, particularly the way in which he feels that society has wounded him.

E. M.


After the use of nonspecific therapy (including insulin) there is frequently produced a stereotyped bodily reaction—'the nonspecific syndrome,' with its two phases. The 'sympathetic phase' contains clinical and chemical findings suggestive of katabolism (increased mental and physical activities, an increase of total nitrogen and possibly pentose in the urine), whereas the succeeding 'parasympathetic phase' is one of anabolism (decreased activity, and a decrease of total nitrogen and pentose in the urine). The power to irritate the autonomic nervous system is probably present in all agents, including the specific ones (insulin, adrenalin, thyroid and so on); and the results produced are possibly due to direct stimulation of the centres controlling both antagonistic branches. This latter assumption may help to explain the tolerance and resistance to nonspecific therapy, and the apparent widespread pharmacological and possible clinical application of the Weber-Fechner law. Whether pure hormones (as crystalline insulin) are capable of stimulating only one of the antagonists (with the production of only the 'parasympathetic phase') is questionable, and further work is required to
settle this point. Thus, the 'protoplasmic activation' after nonspecific therapy (Weichardt) takes place, but probably within the limitations of the activities of the autonomic nervous system and possibly only in the 'sympathetic phase,' for in the succeeding period there appears a marked depression of katabolism with the institution of anabolism. The diphasic character of the chemical reactions may explain some of the present contradictory chemical reports in the literature after insulin and other nonspecific injections. The autonomic nervous system does not seem to create any new defensive agents (hormones, immune bodies, and so on), but merely augments, depresses, and coordinates perhaps all mental and bodily functions, thereby producing on irritation a unified somatic response. However, at the present time, there is insufficient proof that all systems of organs in the body (skeletal muscles, skin, and so on) are directly innervated by the autonomic nervous system. This, therefore, restricts the present use of the 'nonspecific syndrome' and its phases to a working clinical and chemical classification. Nonspecific therapy may be helpful in determining the function of any organ (with autonomic innervation) in which some obscure disease is present. It may also be of some help in the objective study of the mood and the psyche. The chemical studies (the total nitrogen and pentose in twelve-hour night urines) may be useful as a control of the clinical findings and as a guide to therapy.

R. G. G.

[141] The treatment of involutional melancholia with ovarian hormone.—


Seven cases of involutional melancholia were treated with ovarian hormone in the form of Squibb's amniotin. The method and amount of treatment varied. Two cases showed a good social recovery; three cases were unimproved and now show a chronic picture; and two patients died of intercurrent disease. The treatment, therefore, appears to have had little or no effect on the final outcome of these cases. In giving amniotin, restoration of the menstrual cycle was hoped for, but the results were quite different.

C. S. R.


The author describes the various forms of alcoholism and stresses the point that the alcohol is used as a means of escape from unpleasant (though usually unconscious) situations. He does not believe in complete withdrawal and thinks that small quantities of alcohol are best administered neat or with small amounts of water. His routine treatment is catharsis to reduce the water content of the body and especially of the brain, followed by belladonna and hyoscyamus to counteract the overacting vagus.

R. G. G.

The author has studied the action of allyl-isopropyl-acetyl-carbamide as a sedative. He states that it acts in doses far below those that could be considered toxic and does not affect the circulation, blood-pressure or regulation of body temperature and exerts no harmful effect on respiration. It is rapidly eliminated, no trace being found in the urine on the second day. There is no change in the quantity of urine and no albumin, sugar or salt appears as a consequence. The sedative’s effect is particularly rapid and this can be maintained for a longer period before sleep than is the case with barbituric acid hypnotics. The drug is stated to be of great value where a bromide is insufficient and barbiturate is too powerful.

G. de M. R.