

- [186] **A research on the direct observation of the capillaries in psychiatry** (*La ricerca capillaroscopica in psichiatria*).—A. MARI. *Riv. di pat. nerv. e ment.*, 1932, **42**, 588.

AFTER reviewing the literature the author describes his own observations in 490 cases of mental disease. He concludes that capillaroscopy is of limited value since he finds abnormalities only in the severe forms of amentia, endocrine anomalies and epilepsy, and all these may readily be observed to show abnormalities of development in other respects.

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### PROGNOSIS AND TREATMENT

- [187] **Spirochætal findings in the brains of paretics treated with malaria.**—NICHOLAS KOPELOFF and NATHAN BLACKMAN. *Amer. Jour. Psychiat.*, 1933, **13**, 21.

SPIROCHÆTES were found by the Jahnel method in the brains of six out of 39 malaria-treated general paralytics. Among the six positive findings degenerate forms of spirochætes were encountered in more instances than normal forms. Three of these patients came to autopsy shortly after malarial inoculation (within six weeks). Spirochætes were found by the Jahnel and Dieterle methods in eight out of ten general paralytics not treated with malaria and none was found in a normal brain. The validity of the technical procedure being established, it may be stated that within the limitations of the material at hand it appears that (a) artificially induced malaria is likely to destroy spirochætes in the brains of general paralytics; or (b) that failing to destroy the spirochætes completely, this form of therapy alters the morphology of the spirochæte to such a degree as to render it degenerate in appearance.

C. S. R.

- [188] **Somnifaine narcosis.**—ROLF STRÖM-ØLSEN. *Jour. of Ment. Sci.*, 1933, **79**, 638.

TOXIC risk has hitherto made somnifaine treatment an imperfect form of therapy in mental disorder. The mortality in a large series of cases collected by Müller was 5 per cent. The fact, however, that by prolonged narcosis psychotic symptoms can be allayed not only temporarily, but often permanently, is in itself such an advance that it warranted a search for modified methods which would diminish or abolish toxicity. Here a modification of technique has been described by which it is possible to eliminate dangerous toxic manifestations of somnifaine narcosis.

Toxic symptoms which frequently arise are fully discussed and their

significance pointed out. Of these the most important are ketosis, with diminished glucose tolerance, fall of blood-pressure, tachycardia, circulatory collapse, oliguria, albuminuria, disturbances of coordination, including difficulty in swallowing, pyrexia and skin eruptions of an erythematous type. Other changes to be noted are leucocytosis, fall in blood calcium and slight rise in the blood urea.

A disturbance of the carbohydrate metabolism of vital organs occurs during prolonged somnifaine narcosis—a fact not previously recorded. Clinical evidence of this is seen in the frequent development of ketonuria which has been regarded as a contraindication for further treatment. Experiments by others have shown that narcotics inhibit the oxidation by brain, liver and heart of substances such as glucose and lactic acid, which are important in carbohydrate metabolism, the inhibitions being much greater with the brain than with other organs. Ketonuria is the outward manifestation of this disturbance, but it is claimed that other symptoms, such as circulatory collapse, can be ascribed to the same fundamental cause. The knowledge that carbohydrate metabolism was affected by narcotics led to the adoption of the administration of insulin and glucose during narcosis with a view to eliminating dangerous symptoms. Of 46 treatments on 40 patients, 14 were carried out without this additional measure, and narcosis had to be prematurely stopped in five, four others being continued with smaller doses. In 15 treatments, insulin and glucose were given on the appearance of ketonuria and major toxic symptoms, with the result that these manifestations disappeared within 48 hours. In 17 instances where insulin and glucose were administered from the very beginning no ketosis or other serious complications arose. These results demonstrate that the narcotic treatment has been rendered perfectly safe by means of the modification described.

Myocardial degeneration, arteriosclerosis, marasmus and respiratory disorders constitute the chief physical contraindications for somnifaine treatment.

C. S. R.

[189] **Some experiments in reinforcing mental analysis in cases of psychosis.**—

CLIFFORD ALLEN. *Brit. Jour. Med. Psychol.*, 1933, **13**, 151.

A METHOD is described whereby the discoveries of mental analysis can be reinforced with definite results (i.e. the production of dreams and variation of symptoms). This can be used as a method of research or as a therapy. To use it to increase the repressions on a major conflict or complex is dangerous, and should not be done indiscriminately. To reinforce an identification directly is dangerous also. Four illustrative cases are given, and it is held that the results obtained in this limited number appear to bear out Freud's asser-

tion as to the homosexual element in paranoid diseases, but do not confirm his mechanisms.

In the opinion of the writer, it is certain that if the psychotic patient is to influence himself some kind of autosuggestion is essential. Autosuggestion has, however, been tried unsuccessfully in the past and abandoned as useless. The experiments related here seem to show that the cause of the failure is that the suggestions have been wrongly applied and have been directed to increase the repressions on some powerful complex. It is indicated how they can be applied to influence complexes with safety and some certainty.

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