in which the progressive lesion in the brain may lead to death. This is associated with a deep clouding of consciousness, with perceptive difficulties resulting in incompletely perceived Gestalten, and in motor difficulties with increased impulses to rhythmic movements. By this combination the visual motor Gestaltn in copied figures are profoundly disturbed, and the figure is reproduced incompletely and distorted by perseverated strokes. In Korsakoff psychosis, with less clouding of consciousness, the motor impulses to perseverate tendencies in the figure may be more prominent.

In the chronic alcoholic hallucinatory states the Gestalt, as a whole, may be well preserved, but the outlines are hazy, perhaps partly from tremulousness and partly from the motor impulse to reiterate the lines. In the alcoholic confusional states there are less marked motor difficulties, but the perceptive difficulties are in the foreground and show disturbances of integration of the parts into the whole and in the orientation of the figure on its background.

In traumatic psychoses the acute confusional stages following the trauma are characterized by clouding of consciousness, with difficulties in the synthesis of the perception and the Gestalt function. Visual motor Gestaltn show reversions to primitive features. Especially there is seen the disorientation of the figure on its background. As the clouding of consciousness clears and a chronic Korsakoff picture is left, there may be typical Korsakoff features characterized by correct grasp of the figure as a whole, and its orientation on its background, with a tendency to some reversions to primitive responses and bizarre replacements of parts of the figure without interference with the structure of the Gestalt.

In acute confusional states the disturbance resolves itself into difficulties in the integration of the parts of the figure to the whole, and of the whole figure to its background or situation. Tendencies to primitive reversions are secondary to this primary difficulty.

R. M. S.

PROGNOSIS AND TREATMENT


The psychiatrist is concerned with four moods or affective-emotional states and their permutations and combinations. These may be considered in terms of conflict; anxiety as unsolved conflict, elation as solved conflict, depression as unsolvable conflict, apathy as the most complete solution of conflict. Conflict may be considered in terms of the tensions interacting to cause conflict and the balance between such tensions. In anxiety the tension is a rising one, in elation it is a falling one, in apathy it is low and is continuously being discharged, in depression it is extremely and continuously
high and amounts to a sort of spasm. It is suggested that these, somewhat speculatively, might be considered to be metabolic, visceral and autonomic tensions. The plan of treatment should be: (1) The problem at hand to be resolved clearly into terms of anxiety; (2) to find an adequate outlet, not conflicting with social demands, for the energy that is bound up in the anxiety; (3) failing this, the individual must be ‘cotton-wooled’ and spared anxiety-producing and tension-increasing stimuli; (4) as a last resource, ‘supportive’ treatment must be used to combat anxiety which is completely unavoidable; this, by diminishing the total energy of the individual, relieves the painful hypertension of individual segments or viscera. Of the four steps in treatment, the last two are far from ideal, but, under present conditions, often enough the only methods available. In any case it is unwise to despise or neglect anything that may help to diminish the particular form of anxiety and conflict that is doomed to lead nowhere; for the problem of anxiety is after all the problem of unhappiness.

C. S. R.


Here there are a summary and comments on the results obtained on 49 cases of schizophrenia (all types), 45 of manic-depressive psychosis, and 13 psychoneuroses. A total number of 128 treatments were carried out. In 117 of these somnifaine was used, in nine veronal, and in two dial. The authors realize that they are reduced to theory and speculation in so far as the modus operandi of prolonged narcosis is concerned. From the purely clinical standpoint, it would seem that the therapeutic action may depend on two factors. The first is the removal of inhibition; the second is the actual state of narcotic sleep, in which one may speak of a ‘central’ anaesthesia in the true sense of the word. During this period there is a complete abolition of the effect of peripheral stimuli and a consequent amnesia for the interval of narcosis. Gratifying results were obtained in the psychoneurotic cases, and it was noted that prolonged narcosis, followed by psychotherapy, was frequently much more effective than when the latter was employed alone. The technique used is here explained and some illustrative cases given.

Such favourable results are recorded that prolonged narcosis has become established as a standard form of treatment at the Cardiff Mental Hospital. By their improved technique the toxic risks were reduced to negligible dimensions and the writers plead for a more extended trial in the hope that their findings may be confirmed.

C. S. R.
SODIUM amytal furnishes a method of obtaining contact with some stuporous cases of the functional psychoses, and by this means data of the mental content may be obtained. The intravenous method produces a better result than the oral, and it was found that continued oral administration following intravenous injection did not result in producing as good contact as that obtained immediately after intravenous dosage. The use of a standardized dose does not give the best results. The dosage should be varied in accordance with the individual tolerance.

C. S. R.

EARLY investigations claimed success in the treatment of schizophrenic patients by manganese preparations. The present report refers to nine schizophrenic patients who were treated by manganese chloride by mouth over a period of several weeks without detectable influence upon the psychosis. Thirty were subjected to intramuscular injections of a colloidal preparation of manganese (0.32 per cent. mang.) over an average period of 49 days, with average total dosage of 227 c.cm. Several representative metabolic features were investigated at the beginning and at the conclusion of the medication. The results of this latter study were convincingly negative as regards both the clinical and the metabolic conditions of the patients.

These negative results suggest that beneficial effects claimed by certain earlier investigators may have been due to unintentional psychotherapy.

R. G. G.

The author does not think that the catatonia produced by bulbocapnine has any relation to spontaneous catatonia in man. He thinks the former is a psychomotor torpor associated with certain phenomena of muscular tone. These factors as well as some in the psychic and mental fields are due to excitations or paralysis in the vegetative system produced by bulbocapnine, but these the author does not consider to be specific. The substance has no therapeutic efficacy whatever.

R. G. G.

The authors point out that sufferers from certain chronic and incurable painful conditions must be relieved of their pains, but that the use of narcotics often leaves the patient in a worse case than before because of the miseries of addiction. They claim that pain can be relieved and addiction avoided by the use of nerve-block induced by injection of 5 per cent. novocaine in 98 per cent. alcohol.

R. G. G.


Very good results are reported with sodium evipan in cases of epileptic excitement. The author mentions details of the following case. A patient suffering from epileptic delirium fell asleep immediately after an intravenous injection of 5 c.cm. of evipan. An intramuscular injection of 10 c.cm. evipan given later caused the patient to remain quiet during the next five hours. He was transferred to a mental hospital without difficulty on the following day after an intravenous injection of 4 c.cm. evipan and an intramuscular injection of 6 c.cm. During previous attacks large doses of morphine-scopolamine had given no result in this case.

The author also had good results from evipan given as a sedative in many cases of acute excitement. In one case only did an untoward incident occur. After an intravenous injection of 2 c.cm. evipan, a schizophrenic girl developed shallow and slow respirations, but after an intramuscular injection of lobeline the breathing became normal. Evidently sodium evipan is an excellent remedy for states of acute excitement but it is not so useful as a prolonged sedative. Intramuscular injection of 10 c.cm. has a soothing effect after 15 to 20 minutes and its action lasts for several hours.

M.