

PROGNOSIS AND TREATMENT.

[116] The results of treatment of general paralysis by malaria.—W. M. McALISTER. *Jour. of Ment. Sci.*, 1925, lxxi, 236.

[117] The treatment of general paralysis at Hanwell Mental Hospital.—G. A. LILLY. *Jour. of Ment. Sci.*, 1925, lxxi, 267.

IN the first article the author, although admitting that the course of general paralysis is influenced by the malaria treatment, contends that all that has been done is to produce an artificial remission of longer or shorter duration, but it cannot be said yet that we can cure the disease. This, in itself, is a great advance. Attention is drawn to the fact that cases inoculated with an old strain of the malarial parasite, one that has passed through a number of cases, had a very severe reaction, sometimes in the quotidian form. This severe reaction did not give proportionately better results than the milder reactions; on the contrary, it was both immediately and remotely detrimental to the patient's condition.

In the second article the author considers that the malarial treatment of general paralysis is the most hopeful method known to us. Age does not seem to influence the treatment. The result is not prejudiced by a long-standing history of syphilis. The shorter the period of pathological mental change, the better the prognosis. The type or severity of the mental symptoms does not seem to affect the result. Neurological signs do not change even after treatment has caused the disappearance of mental symptoms. The attack of malaria need not be severe for successful results. Quinine in constantly repeated small doses controls the malaria, and no relapses have been observed. Mosquito and syringe inoculations have been equally successful.

DAVID MATTHEW.

[118] Further investigations on the influence of the malarial treatment of general paralysis on the histopathological process (Weitere Untersuchungen über den Einfluss der Malariabehandlung der progressiven Paralyse auf den histopathologischen Prozess).—E. STRAUSSLER and G. KOSKINAS. *Zeits. f. d. g. Neurol. u. Psychiat.*, 1925, xcvi, 176.

THIS paper from the laboratory of Professor Wagner-Jauregg's psychiatric clinic in Vienna represents a serious attempt to correlate the clinical and the pathological aspects of the subject, and is of much value. It is based on material derived from cases of general paralysis which have been treated by the malarial method. According to the authors, they have been able to show conclusively that successful malarial treatment produces a histopathological state of the cortex analogous to that known to be characteristic of so-called "stationary paralysis," the term used by Alzheimer. There is a definite parallelism between the remissions effected by malaria and the histological condition of the brain. Further, microscopical examination shows that only those cases which have had more than five malarial crises are favourably altered from the histological viewpoint.

J. S. P.

- [119] The malarial treatment of general paralysis (Le traitement de la paralysie générale par l'inoculation du paludisme).—WIZEL and PRUSSAK. *L'Encéphale*, 1925, xx, 99.

THE writers treated twenty-two cases, most of which were recent and unaccompanied by marked physical deterioration. Remissions were obtained in eleven, *i.e.*, in 50 per cent., 'complete' in nine cases, and 'good' in two. Seven patients resumed their daily occupation. By comparison with results previous to the introduction of the malarial method, these are considered by the authors to be excellent, for in the previous three years they obtained only one remission in twenty cases and the mortality was high. Among their twenty-two treated cases, however, ten deaths occurred. Three patients died before the treatment was under way; two died from cardiac failure during treatment; two from incidental affections (septicæmia); three after the treatment was over (apoplexy, cachexia).

S. A. K. W.

- [120] The treatment of 130 cases of different mental diseases by the method of artificial sleep (Somnifeenbehandeling bij 130 lijdens aan verschillende psychische ziekten).—J. DOZY. *Neurotherapie*, 1925, Nos. 3 and 4, 47.

THE author has tried the method of prolonged sleep (Dauernarkose) in a large number of patients affected with diverse psychotic conditions, using for the purpose 'somnifeen-Roche,' a special preparation allied to veronal and to proponal, a 10 per cent. solution of which in a mixture of water, alcohol and glycerine, is put up in ampoules; 1 c.cgm. corresponds to 100 mgm. veronal, and 100 mgm. proponal. It can be administered by the mouth, or subcutaneously, intramuscularly, or intravenously. Details are given of the types of cases in which the method was utilised and of the dosages and duration of the 'sleep.'

'Somnifeen' is at present the specific drug for the purpose, but it has not a few disadvantages; it is apt to bring on toxic symptoms (fever, quick pulse, retention of urine, skin exanthems, vomiting, etc.), and has to be used with great care in weakly individuals. Given by the mouth it is not so likely to cause these disturbances, but its therapeutic value is not so high as when administered by injection. The author claims specially good clinical results in cases of manic-depressive psychosis, and in agitated melancholia. A single injection brought a condition of status epilepticus to an end. It is also both of therapeutic and of diagnostic usefulness in schizophrenia.

S. A. K. W.

- [121] Aseptic meningitis in the treatment of dementia præcox.—ROBERT S. CARROLL, EVERETT S. BARR, R. GRANT BARRY and DAVID MATZKE. *Amer. Jour. Psychiat.*, 1925, ix, 673.

THIS paper reports on the treatment of forty-nine cases of dementia præcox in the Philadelphia Hospital for Mental Disease with intraspinal injections of inactivated sterile horse serum. The writers give a short history of each patient, and a detailed account of the technique employed and of laboratory methods and findings.

The injections produced are aseptic meningitis with marked physical reactions. The mental condition of 66 per cent. of the patients (so treated) showed improvement which lasted from two to eleven months, several enjoying remissions. Insight was often regained. The writers conclude that a fundamental principle not yet fully determined is involved, the further investigation of which may throw much light on the etiology of dementia præcox.

E. B. G. R.

[122] **The treatment of morphinism** (Über die Behandlung des Morphinismus.)—VON HÖSSLIN. *Münch. med. Woch.*, 1924, lxxi, 1567.

THE introduction of luminal has brought what the author claims is an advance in the treatment of morphinism.

Von Hösslin's method is to give the patient on the first day of treatment the same amount of morphia as he says he has been accustomed to take daily, but to give it all in three doses, one at seven in the morning, one at midday and one late in the evening. On the second day each dose is usually halved. After that the midday dose is further reduced each day, then the morning dose similarly, and finally the evening dose. By the ninth or tenth day, in most cases, the patient is only getting an evening dose, and that a small one. This also is withdrawn a day or two later, but it is important to see that the patient has good nights. The symptoms of withdrawal appear from the fourth or fifth day—loss of appetite, torturing restlessness, nausea, vomiting, absolute sleeplessness—and the craving for larger amounts of morphia becomes uncontrollable. At first protracted baths—an hour or several hours—have a calming effect, but soon they lose their power, and then it is time under all circumstances to make the patient sleep. The best medium is sodium luminal, in large doses by hypodermic injection; 10 c.c. of a 5 per cent. solution (= 8.5 gr.) may be given not only at night but once or more during the day, so that the patient is receiving 1 to 1.5 gm. (17 to 25 gr.) of sodium luminal in the twenty-four hours. In cases of great excitement with delirium, one-hundredth of a grain of scopolamine may be combined with each dose. The sleep must be continued while the "withdrawal symptoms" last, then the luminal must be reduced gradually and oral doses substituted for the injections. Coffee and camphor are of help for the feeling of weakness experienced after leaving off morphia.

The withdrawal is not to be regarded as accomplished until all medicaments have been stopped. A patient who has got on well is liable to become dissatisfied when this stage is reached; he feels the constant supervision irksome, wants to mix with other people and to go out. Strict control must be insisted on for three to four weeks from the time of the last injection. A patient in whom it provokes great resistance may be offered more freedom if he will consent to forty-eight hours' isolation every eight or ten days. In any case, such an isolation is desirable before a patient's discharge.

Even after his discharge control should not cease; he should submit to strict isolation for three days at the end of six weeks and again at the end of three or four months. It can then be determined whether he has really remained free of the craving for the drug.

J. P. M.

[123] On the counter-transference in psychoanalysis.—ADOLF STERN. *Psychoanalytic Rev.*, 1924, xi, 166.

THE article opens with a very condensed description of the transference in psychoanalysis. Success depends on the skilful handling of the transference. The presence of the transference gives rise to the very situation that is likely to call up the counter-transference. This can only take place if the physician abandons the analytic attitude and reacts emotionally to his patient. This is, of course, bad technique, but it is liable to occur to the inexperienced beginner. He might either fall in love with his patient, the reaction to a positive transference, or blame the patient for his unconscious resistances, the reaction to a negative transference. The counter-transference has its origin in the physician's unresolved complexes. The only sure way of avoiding the counter-transference is for the analyst himself to undergo analysis.

D. M.

[124] The trauma of birth in its importance for psychoanalytic therapy.—OTTO RANK. *Psychoanalytic Rev.*, 1924, xi, 241.

MANY years ago Freud stated that there comes a definite stage in the analysis of compulsion neuroses in which, by means of transference, the analysis itself becomes a compulsion in place of the old neurotic ones. This analytic compulsion is to be freed only by fixing a definite time limit for this task. The author has observed that under the pressure of this time limit the patient shows definite and unmistakable reactions. These can be interpreted only as the reproduction of the separation from the first libido object, viz., the mother. This reaction occurs in all forms of the neuroses.

In view of these observations the author has modified his analytical technique. He reveals to the patient right from the beginning this tendency to reproduce the birth trauma in the analysis. To prevent it entirely is naturally not attempted. This procedure is claimed, not only to shorten the analysis, but to make it less painful, and to bring it, as a method of healing, equal to other medical methods in its certainty and exactness.

This conception is fully dealt with in the author's book, *Das Trauma der Geburt und seine Bedeutung für die Psychoanalyse*, a translation of which is shortly to appear in English.

D. M.