Therapy in Catatonia. (*Amer. Journ. Psychiat., vol. xciii, p.* 957, *Jan.*, 1937.) *Broder, S. B.*

The writer gave over 700 injections of caffeine sodio-benzoate and sodium amytal to 16 patients and 16 normal persons. Intramuscular injection of 7·5 gr. of caffeine followed by the intravenous injection of 3·75 gr. of a 10% solution of sodium amytal was beneficial in producing a change in the mutism, rigidity and slovenliness of catatonia. This treatment had no effect on hebephrenics or on paranoid or psychoneurotic patients. Amongst the normal some cried, others were elated; almost all remarked that they felt free from inhibitions and were more eager to face facts. Many felt lightheaded; others revealed innermost secrets and remarked, " I felt so happy that I did not want to mar the experience by restraint ".

Caffeine sodiobenzoate produces dilatation of the pial vessels in animals, and amytal also produces dilatation of the cerebral blood-vessels.

G. W. T. H. FLEMING.

Shock Syndrome in Therapeutic Hyperpyrexia. (*Arch. Int. Med., vol. lx, p.* 597, *Oct.*, 1937.) *Kopp, I., and Solomon, H. C.*

The writers investigated cases of shock arising from the use of the Kettering hypertherm. They had 8 cases of severe reactions with 2 deaths. They point out that shock may result from disturbance in four mechanisms—hæmatogenic, vasogenic, neurogenic and cardiogenic. In shock arising from hot, moist air there is a diminution of blood volume, together with an increase in the vascular bed and an increase in the vascular permeability. A disturbed neurogenic mechanism is also present. The presence of alkalosis and hypochloræmia modify the clinical picture. The pathological picture shows especially degenerative changes in the adrenal cortex. The treatment suggested is the evaporation of lukewarm water from the body surface, intravenous infusions and inhalations of carbon dioxide and oxygen. If the patient is restless or repeated convulsions occur, paraldehyde per rectum and soluble phenobarbital intramuscularly are given.

G. W. T. H. FLEMING.

7. Oligophrenia (Mental Deficiency).

Mental Deficiency. Analysis of a Group of Cases. (*Lancet, Mar.* 9, 1935.) *Findlay, L.*

The writer examined 256 examples of low-grade congenital mental deficiency, met with in private practice. The proportions of the various types were similar to those found by Thomson, in 1924, for the general child population of Edinburgh. Associated physical abnormalities were described in 70% of the cases. The family history was positive for nervous or mental disease in less than one-fifth of the cases. The writer emphasized the importance of birth injury as a cause of diplegia and hemiplegia; there was a high incidence of primogeniture among these cases, and difficult birth was very frequently recorded. Disparity between parental ages was found to be marked in cases where history of difficult birth was infrequent, as in mongolism.

L. S. PENROSE.

Paternal Occupational Intelligence and Mental Deficiency. (*Journ. of Applied Psychology, vol. xix, No.* 5, *p.* 527, *Oct.*, 1935.) *Bradway, K. P.*

The intelligence quotient, ætiology and paternal occupation were ascertained for 439 defectives. The cases were divided into groups in which the ætiology was judged to be primary or secondary. A marked difference was found in the distributions of paternal occupations in the two groups. Those with primary ætiology resembled a large sample of cases in which ætiology had not been specified, and the