

*On the Provocation of Epileptiform Convulsions by Cardiazol (Experimental and Histopathological Investigations on Animals) [Über Provokation epileptiformer Anfälle durch Cardiazol—Experimentelle und histopathologische Untersuchungen an Tieren]. (Münch. med. Wochenschr., p. 1893, 1937.) Stender, A.*

The author produced epileptiform convulsions in rabbits and cats by hypodermic injection of cardiazol. He noted that he gradually had to increase the dose in rabbits in order to provoke fits (from 0.04 to 0.1 per kg. weight), whereas cats required a much smaller increase only. Up to 32 convulsions were produced in one animal before it was killed and its brain histologically examined. The only definite findings were small subpial hæmorrhages in some of the rabbits. These were ascribed to injuries suffered during the fits. No other definite changes were observed. The author regards this as further encouragement to proceed with cardiazol treatment in man.

S. L. LAST.

*Results and Remarks on the Problem of the Epileptiform Fits Artificially Produced by Cardiazol [Ergebnisse und Bemerkungen zur Frage des durch Cardiazol künstlich hervorgerufenen epileptiformen Anfalls]. (Zeitschr. f. d. ges. Neur. u. Psychiat., vol. clix, p. 582, 1937.) Wichmann, B.*

This paper discusses various aspects of the epileptiform seizure which can be produced by cardiazol in epileptic and other patients. The author's aim was to find a method which would enable one to produce seizures in epileptics in order to establish a diagnosis. The author disputes the statement that one should inject cardiazol as quickly as possible. He holds the view that the seizure is produced if a certain concentration acts on the brain for a certain length of time. In order to avoid making this time too short he advocates making an injection of 3-3.5 c.c. last 15-18 seconds. This method was used in 183 experiments on 170 persons. Of 99 epileptics, 76 (76.76%) had fits. Of 29 patients with an organic lesion of the nervous system, 4 reacted with a fit. Out of a group of 42 consisting of normals or patients without an organic lesion, one only reacted with a fit. The author therefore concludes that this method can be used if one feels doubtful as to the diagnosis. An interesting observation is that the seizures produced by cardiazol are exactly like the spontaneous ones, and this applies also to the cases of symptomatic epilepsies, when the fit would show focal signs.

S. L. LAST.

*The Insulin Treatment of Schizophrenic Psychoses [L'Insulinothérapie des psychoses schizophréniques]. (L'Encéphale, vol. xxxii, p. 225, Dec., 1937.) Schmid, H., and Bersot, H.*

This paper contains notes on the general technique of hypoglycæmic shock treatment; on the complications commonly met with and their treatment; on indications for this form of therapy, and on psycho-physiological explanations for the results obtained. The paper also contains a *résumé* from the case-histories of 32 schizophrenics treated by the authors between October, 1935, and August, 1936. Of the 18 recent cases there were 12 complete remissions, 5 social remissions and 1 unimproved. Of the 14 chronic cases there were 3 complete remissions, 5 improved and 6 unimproved.

STANLEY M. COLEMAN.

*On the Coma and Reflex Anomalies in the Insulin shock therapy of Schizophrenia [Über das Koma und Reflexanomalien bei der Insulinhocktherapie der Schizophrenie]. (Schweiz. Arch. f. Neur. u. Psychiat., vol. xl, p. 133, 1937.) Liepmann, W.*

The author stresses the difficulties in defining coma and that it is desirable that everybody meant the same thing when speaking of coma. He finds the absence of the conjunctival reflex and of the pupillary reflex to light a good criterion, but seems to realize that this syndrome corresponds to a higher degree of