

Part II.—Reviews.

Convulsion Therapy in Schizophrenia [Die Konvulsionstherapie der Schizophrenie]. By LADISLAUS VON MEDUNA. Halle a/S.: Carl Marhold, 1937. Pp. 121. Price RM. 4.00.

In this book Dr. Meduna, who is Superintendent of the Royal State Mental Hospital in Budapest, gives an account of the convulsion treatment by means of intravenous injections of cardiazol, of which he is the originator. Altogether 110 patients have been treated, and 74 pages are devoted to a survey of the 54 remitted cases. Full details of their previous history and response to treatment are given, but information regarding their after-history is scanty.

Details of the theory and technique of the treatment will be found elsewhere in this issue of the Journal. It is difficult to say how many convulsions must be induced to secure a remission. In several cases two to three were sufficient; others again required twenty-five to thirty. The full course takes from six to eight weeks, though in some cases it may take considerably longer. As a general rule, treatment is not stopped until fifteen to twenty convulsions have been induced. Experience has shown that even after complete remission has set in, at least three further convulsions must be induced, to guard against the possibility of a relapse. It is not easy, however, to persuade patients, in particular those progressing well, to submit to subsequent injections. They come to dread these, and implore the doctor to let them off. Difficult as it is to resist their entreaties, such temptation must, for the patient's sake, be resisted, as treatment has to be continued well into the remission stage to prove effective.

Generally speaking, the more readily patients react to a small or average dose, the more likely are they to remit. After four to five convulsions have been induced, it is usually possible to form some opinion as to whether the patient will or will not improve. Remission may either take place suddenly, without an intervening period of lucidity, or gradually; in some cases it is of an intermittent type. Strangely enough, those remitting suddenly do not appear to be elated over the fact, but take it rather as a matter of course. Very little is said of psychological phenomena occurring during treatment and remission.

Treatment does not appear to be unduly dangerous. No deaths or serious complications occurred in the 110 cases under review, in which over 1,000 convulsions were induced. Transient attacks of moderate tachycardia were observed, and twice the arm and twice the lower jaw dislocated. Renal complications did not occur. In the opinion of independent observers, the heart and circulation did not suffer from the treatment. Needless to say, the therapy is contra-indicated in all cardio-vascular diseases.

In the course of treatment the blood-picture shifts to the left, the relative number of neutrophile leucocytes being increased and that of the lymphocytes

reduced. This phenomenon contains a certain prognostic value, as it is much more pronounced in remitting patients. The author believes that the urinary changes are similar to those produced by genuine epileptic attacks. After the convulsions, traces of lactic acid were found in every case. On the average, acidity is increased by 26%, the ammonia content by 14%, the phosphate content by 10%; the chlorides decrease by 25%.

In presenting his results, the author refrains from quoting percentages, as in his opinion the number treated is insufficient for this purpose. He distinguishes only between cases of remission and of non-remission. Of the 110 patients under review, 54 remitted. Very little is said of what in the author's opinion are the criteria of remission. He is difficult to follow when he adopts three different ways of discussing his results. Firstly, he arrives, it would seem on *non lucendo* principles, at the conclusion that all patients who remitted belong to a group of "symptomatic schizophrenia", while those failing to remit are placed in a group of "endogenous schizophrenia". In the latter treatment is hopeless, no matter how short the duration of illness. Secondly, what might be called the anatomical phase of the disease plays an important role. Dr. Meduna distinguishes between three phases of schizophrenic disease: (a) The "acute process", represented by the initial onslaught of the disease; (b) the "process", i.e., the disease still going on, though the first onslaught is over; (c) the "post-process", in which the disease has come to an end, leaving defects behind. Arranging his cases under these headings, he finds that in phase (a) 39 of 41 patients remitted; in phase (b) 12 of 21; and in phase (c) only 3 of 48. He concludes that so far as so-called process-schizophrenia is concerned (represented by phases a and b), 82% remissions can be obtained, always on the understanding that such patients belong to the symptomatic variety. Lastly, the results are given according to the duration of illness. The author himself now prefers this way, which incidentally allows for comparison with the results of other forms of treatment. It was found that the following cases did not remit: Duration of illness under $\frac{1}{2}$ year, 3 of 36 patients; under 1 year, 1 of 7; under 1½ years, 4 of 7; under 2 years, 5 of 11; under 3 years, 9 of 12; over 3 years, 34 of 37.

Dr. Meduna believes that convulsion therapy is only the first step on a biological road of influencing schizophrenia. Far from holding that his method is the only efficient therapy, he advocates—and those experienced in both forms of treatment will readily agree—that convulsion therapy and insulin therapy should not strive to outdo one another, but should rather reinforce one another in combating the disease.

H. PULLAR STRECKER.

The Growing Child and Its Problems. Edited by EMANUEL MILLER.

London: Kegan, Paul, Trench, Trübner & Co., 1937. Price 6s. net.

This volume adds another to the growing list of short books, written in a more or less popular style for the more or less informed public. The essays are contributed by five psychiatrists, all of whom can claim an unusually wide experience in the handling of problem children. None represents any particular school to the exclusion of all others, so that, as a general survey of the field of child psychiatry, the cases encountered, and the methods in use, this volume supplies a need.

But, as so often happens, for the lay reader one would imagine that such an essay as Dr. Allen's on "Personality Deviations" might prove perplexing;