

association with CBZ appeared in 1984, the time when the use of CBZ in psychiatric disorders became more common. Furthermore, we are not aware of any case of NMS where CBZ was given for only trigeminal neuralgia or epilepsy. It seems that CBZ alone is not likely to cause NMS, but that an underlying psychiatric disorder or concomitant neuroleptic treatment needs to be present. The combination of CBZ with dopamine receptor antagonists may, however, lead to increased neurotoxicity and warrants alertness for early signs and symptoms suggestive of NMS.

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#### CORRIGENDUM

*BJP*, December 1993, **163**, 833–844. The authors of the letter 'Dopamine D<sub>2</sub> receptor occupancy *in vivo* and response to the new antipsychotic risperidone' were transposed. Dr Busatto should have been placed as first author, Dr Kerwin as last author.

#### A HUNDRED YEARS AGO

##### Hypodermic injections of brain extract in mental diseases

The material was prepared by Messrs. Brady and Martin, and sent fresh twice weekly; it was called by them "cerebrine alpha". The injections began on August 20th, and were given twice daily for fourteen days to six patients. The arms were in all cases the seat of injection, and each was given under antiseptic precautions. The doses began at 5 minims, and were gradually increased to 15 minims.

The following complications resulted: Case B, the temperature rose 1° after each injection. An attack of syncope followed in the case of E on the tenth day, and a slight erythema followed the second injection in Case A. The pulse in each case was quickened, but no change was observed in respiration.

Case A (recurrent melancholia with fixed delusions) expressed himself after the sixth injection as "feeling much brighter." He conversed in a rational manner, went on improving, and was discharged recovered on November 2nd. In the remaining five cases the result was negative, and, beyond the above complications, nothing of interest transpired. There were two cases of chronic melancholia, two of primary dementia, one of acute mania.

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#### Reference

*Lancet*, 3 February 1894, 240.

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