

on the turning-reflex of the frog, which depends on the deeper brain-centres. Some recent views on tolerance are also discussed.

A. WALK.

Petimal in the Treatment of Epilepsy and the Convulsive Syndrome generally [*Petimal gegen Epilepsie und den sonstigen Krampf komplex*]. (*Psych.-Neurol. Wochens.*, No. 8, February 25, 1928.) Nussbaum, R.

A mixture consisting of extract of *adonis vernalis* with caffeine sodium benzoate, sodium phenylbarbiturate and strontium bromide, known as petimal is recommended, alone or in combination with veronal or luminal, in the treatment of convulsive states. Experimentally it is found to prevent convulsions induced by cocaine, camphor or picrotoxin, but not those of strychnine; its action is therefore cerebral. It is also used in the treatment of various states of increased nervous irritability, including anxiety states, visceral neuroses, etc.

A. WALK.

Report of Committee on Installations and Advice. (*Occup. Therap. and Rehabil.*, February, 1928.)

This report of a committee presumably appointed by the American Occupational Therapy Association deals with crafts of loom-weaving, frame-weaving and card-weaving. The various types of patients to which each are suitable are described and the physical processes involved in each are detailed. It is remarked that "weaving is especially valuable for the treatment of mental patients because it can be made to give a good deal of varied physical exercise, arouses interest, and can be graded to meet the mental needs of all types of patients."

WM. MCWILLIAM.

Occupational Therapy in a Tuberculosis Sanatorium and its Relation to After-Care, etc. (*Occup. Therap. and Rehabil.*, February, 1928.) Hedding, B. E.

The author does not intend his article to interest the psychiatrist in particular, but in view of the liability of the psychotic to tuberculosis the interest does arise. Dr. Hedding describes briefly the value and place of occupational treatment, though he regards it as a process of "hardening" the patient, particularly with a view to his resuming his employment. The occupational measures are out-door ones, and statistics are given of its results.

WM. MCWILLIAM.

1. *Occupation Therapy in Institutions Dealing with Patients of the Educated and Well-to-do Classes* [*Beschäftigungstherapie in Anstalten bei Nerven und Geisteskranken der gebildeten und besser situierten Kreise*]. Kahlbaum.
2. *Some Experiences of Modern Occupation Therapy* [*Erfahrungen mit der moderner Beschäftigungstherapie*]. Schreiber. (*Both in Psych.-Neurol. Wochens.*, No. 9, March 3, 1928.)

Dr. Kahlbaum describes what he considers to be the most favourable conditions for the development of occupation therapy among

private patients. The institution should be close to a town, but possess extensive grounds; it should be of comparatively large size, and should take patients suffering from all forms of mental disorder and mental deficiency. Full equipment and a large staff are required, including, in addition to full-time nurses and occupation officers, a number of visiting assistants and teachers for special subjects. Among occupations involving physical exertion, non-productive occupations including hobbies, sports and physical exercises, appeal to patients more readily than does productive work. Work on the land is usually refused by those who have had no previous inclination for it, but book-binding, printing and other indoor occupations have been introduced. Occupations involving mental work are much more successful. Numerous educational courses have been carried on. Apart from courses in general culture, vocational training is given to enable patients who require it to take up some fresh career after their discharge from hospital.

In Dr. Schreiber's institution resources for occupational therapy on a large scale are lacking; the ordinary institutional occupations in the kitchens, workrooms, gardens and farm have, however, been given closer attention, and an attempt made to adapt these occupations to individual needs. The author discusses the importance of making timely changes in each patient's work and of gradual promotion to more responsible tasks. He lays stress on co-operation between the physician and the occupational departments; the distinction between staff and patients must be minimized and the patient made to feel that all are members of the same community. Other points discussed are the effects of mixing patients of different social standing in the same occupations-group, the question of rewards to patients, and the employment of patients in the homes of the institution officers.

A. WALK.

6. Sociology and Mental Hygiene.

Psychiatric Considerations on "Souteneurs" [*Psychiatrisches zur Zuhälterfrage*]. (*Psych.-Neurol. Wochens.*, No. 8, February 25, 1928.) *Raecke, Prof.*

The author points out that the heavy penalties enacted against the "souteneur" or bully should not be applied indiscriminately. The popular conception of a class of dangerous criminals who exercise a brutal tyranny over prostitutes is mistaken. Several psychological types are found in this class, including morons, neurotics and schizophrenics. In many of these the association with prostitutes is more or less accidental and part of their general degradation. Their weakness of will and incapacity for effort prevents them from breaking with their vicious and criminal associates. Fear of being informed against is also a factor in keeping this type of "souteneur" in the power of the prostitutes who need his protection. In these cases it is the man who places himself in