

attempts to weigh up and assign relative importance to the three features of delirium, psychosis and dementia as they tend to appear in general paralysis. Hereditary factors are mentioned as being of significance for the type of psychosis which is developed, and the responsibility of the malaria for delirium and possible subsequent psychosis is weighed up against the recoveries.

W. McC. HARROWES.

*Treatment of Dementia Paralytica with Typhoid H Antigen Vaccine.* (*Arch. Neur. and Psychiat.*, vol. xxxi, p. 579, Jan., 1934.) Schnitker, M. T.

The writer used a water-clear saline filtrate containing the flagellar (H) antigen, the somatic (O) antigen having been blocked by phenol. The reaction after H antigen consists in a slightly higher level of fever which is more constant and is maintained at its peak for a longer time, while the decline in temperature is more gradual. The systemic reaction is much less severe than with whole vaccine. The contra-indications to the use of H antigen are four: (1) Severe cardio-renal disease, (2) active pulmonary disease, (3) severe cachexia, (4) acute infections with rapid sedimentation. Tryparsamide can be given at the height of the fever, with better clinical results and no increase in the dangers of complications. The results obtained in 25 cases were just as good as with malaria.

G. W. T. H. FLEMING.

*Indications for Treatment in Manic-Depressive Depressions* [*Richtlinien für die Behandlung Manisch-depressiver Depressionen*]. (*Acta Psychiat. et Neurol.*, vol. viii, p. 425, 1933.) Tomasson, H.

Four basic symptoms of depression are recognized: abnormality of mood, inhibition, anxiety phenomena and somatic reverberations.

Forty-six cases were carefully studied, and in each case the author attempted to analyse which of the basic symptoms could be regarded as subjective complaints of the patient. The cases were then treated with sympathetic and parasympathetic stimulants and depressants according to the symptoms. The parasympathetic system was either found to be normal or showed diminished activity. The action of the sympathetic was generally normal, but in cases where anxiety was present a definite sympathicotonia occurred in all instances. The treatment in mild cases of depression gave the following results:

- (1) A combination of bromide and codeine had an unfavourable effect on all basic symptoms.
- (2) Pilocarpine (given in the form of inf. jaborandi) favourably affected the mood, to a less extent also the inhibition (retardation) and the somatic reverberatives. Anxiety was lessened only in very mild cases.
- (3) Anxiety is increased, even in the mildest cases, by ephedrine.
- (4) Acetyl choline had not the slightest effect on the anxiety.
- (5) Ergotoxin (depressant of sympathetic) considerably improved the anxiety and to a less extent also the other basic symptoms.

R. STRÖM-OLSEN.

*States of Mental Confusion: Considerations upon their Treatment Without and Prior to the Mental Hospital* [*Los estados de confusión mental: consideraciones sobre su tratamiento fuera y antes del manicomio*]. (*La Semana Méd.*, vol. xli, p. 977, March 29, 1934.) Ferrer, C. O.

There exists a group of illnesses which have, as a common factor, conditions of mental confusion of toxic origin. The general practitioner allows himself to be unduly influenced by the mental picture, and hurries the patient to the mental hospital, without having taken the smallest therapeutic precaution, and without having made any investigation of the most important physical organs. Death often occurs within a few days of admission, and various untreated physical conditions are often found at the post-mortem. For the benefit of general practitioners the author describes some of the affections which commonly lead to these disasters, and suggests the appropriate lines of clinical investigation and possible treatment.

In all such cases a consultation with a colleague who specializes in psychiatry should be obtained, but this precaution is seldom taken. Mental hospitals are too often regarded as "depositories for lunatics" rather than as institutions in which mental therapy is practised.

M. HAMBLIN SMITH.

*Hæmatoporphyrin as a Therapeutic Agent in the Psychoses.* (*Amer. Journ. Psychiat.*, vol. *xiii*, p. 1158, May, 1934.) Strecker, E. A., Palmer, H. P., and Braceland, F. J.

Hæmatoporphyrin has a marked photo-sensitizing power when injected into the human body. It is stated to have been used as a therapeutic agent in the depressive psychoses. Thirty-seven patients were studied in the present investigation. Of 23 patients with manic-depressive reactions, 5 showed marked improvement, 6 showed moderate sustained improvement, and another 6 were generally benefited but the psychosis was not affected. Of 8 patients suffering from involuntional melancholia, 4 were markedly improved and only one failed to respond favourably. Definite stimulation and animation were evident in the schizophrenics treated, but the reaction was not of constructive character. It appears that the drug increases the available energy of the patient. "Photodyn" (hæmatoporphyrin hydrochloride) is the best mode of administration. The drug is given orally and intramuscularly.

M. HAMBLIN SMITH.

*Investigations of the Basal Metabolism in Schizophrenics: Effects of Thyroid Treatment.* (*Acta Psychiat. et Neurol.*, vol. *viii*, p. 573, 1933.) Lingjaerde, O.

One hundred and eighteen schizophrenics were investigated with Krogh's apparatus; 59 patients (50%) showed a basal metabolic rate between 90 and 112%, 43 (36.4%) between 80 and 89%, and 16 (13.6%) between 70 and 79%. Of the total number of cases 50% were below a B.M.R. of 90% and 34% below 85%. Cases in an "active" phase of the disease showed a decidedly low rate (70%), but if catatonic rigidity were present the values were relatively high. When the rigidity was abolished by an injection of hyosine the oxygen consumption in one case fell from 132.5% to 96.6%. Forty-nine schizophrenics were treated with thyroid extract (1 tablet corresponding to 0.1 mgrm. thyroxin). The dosage varied from 3 to 6 tablets a day and the medication continued for several months. If any sign of improvement occurs the treatment should be continued for 6 to 12 months. In all except one case the B.M.R. increased. In 24 cases a considerable improvement or complete recovery was obtained. During the treatment the patients must be carefully watched (pulse-rate, basal metabolism, weight, glycosuria), and the necessity of giving an abundant supply of carbohydrate food is emphasized. Combination of thyroid medication with liver therapy is also recommended.

R. STRÖM-OLSEN.

*Intravenous Injections of Hypertonic Solution of Magnesium for the Treatment of Migraine.* (*Comp. rend. Soc. Biol.*, vol. *cxv*, p. 534, 1934.) Lumiere, A., and Meyer, P.

Five c.c. of 50% magnesium sulphate solution in 1 c.c. instalments about one minute apart gave prompt relief. A transient increase in blood chlorides was produced and followed by diuresis and increased excretion of chlorides.

L. E. GILSON (Chem. Abstr.).

*The Use of Glycine in the Treatment of Myasthenia Gravis.* (*Ann. Int. Med.*, vol. *vii*, p. 948, 1934.) Schmitt, E. O. G.

There was clinical recovery in two cases. There was an increase in the elimination of creatinine and pre-formed creatinine N, and a decrease in creatine. The ration of creatine N to preformed creatinine N in the urine was decreased.

J. T. MYERS (Chem. Abstr.).