

Part II.—Reviews

A People's Conscience. By S. GORDON and T. G. B. COCKS. London: Constable & Co., 1952. Pp. 252. 21s.

This book begins with a history of the work of Select Committees of the House of Commons and contrasts their work with that of Royal Commissions.

Further chapters deal with Select Committees between the years 1729 and 1837 on Debtor's Prisons, Police, Chimney-Sweeps, Children in Factories and Transportation.

A chapter of absorbing psychiatric interest is Chapter V, "The Case of the White House at Bethnal Green" (pp. 101-151), in which excerpts from the Select Committee of 1827 dealing with the conditions in private asylums to which certain London Local Authorities sent pauper lunatics are given. The Select Committee ended by advising that the first Local Authority Lunatic Asylum be built.

W. CLIFFORD M. SCOTT.

Le Coma Post-Hypoglycémique dans la Cure de Sakel—Revue Critique et Étude Pathogénique. By FRANCOIS CLOUTIER. Paris: Editions Gizard, 1952. Pp. 130. 214 references. No price given.

Prolonged or irreversible coma is the gravest and most dramatic of the complications of the insulin coma treatment of schizophrenia. It is responsible for death in 0.4 per cent. of treated cases, and even when it is reversible a proportion of patients recovers only to a state of severe organic dementia. Unexpected remissions occasionally follow the complication, hence some bold workers have aimed to produce hypoglycaemic comas of half-a-day's duration.

Whilst Dr. Cloutier was working with a grant from the Canadian Government he studied 8 accidental cases of the complication at Professor Delay's Clinic in Paris and was led to prepare this short monograph. He prefers the term "post-hypoglycaemic coma" because it does not prejudice the pathogenesis: actually it does just that very thing, because the term implies that hypoglycaemia is not the main causal factor and this implication is by no means proven. The monograph includes a brief critical survey of the literature on the clinical, histological, biochemical and patho-physiological findings. The characteristic clinical feature is the lack of response to administration of glucose: symptoms may persist when the blood-sugar readings are at a normal or even raised level. The signs are varied, but usually include disordered consciousness, hyperpyrexia, parasympathetic and sympathetic anomalies, hypertonus and convulsions. The author believes that the duration of the hypoglycaemic state is of great aetiological importance and he has been impressed by two warning signals: the first insulin coma usually appears early in the treatment, e.g., before the fifth day, and secondly, the day that irreversible coma is going to appear the time between the insulin injection and the onset of coma is short, that is, less than three hours. Post-mortem findings were variable, but tended to be most obvious in the diencephalon: cerebral oedema, cell degeneration of abiotrophic type, vascular changes and neuroglial reactions were all seen but none of the changes was specific.

Dr. Cloutier believes that hypoglycaemia prevents the cerebral neurones from utilizing oxygen, and that succeeding changes in the permeability of the cell membrane hinder the passage of water and electrolytes. In the ordinary course of the treatment such changes are reversible, but in prolonged coma they have gone so far that restoration of the blood glucose level does not reverse the changes. He believes that it is in the framework of the adaptation syndrome of his fellow-countryman Selye that the therapeutic effects of Sakel's treatment are best understood. According to this view the injections produce repeated stress, and are accompanied by marked clinical and biochemical changes analogous to those seen in the alarm reaction. Prolonged coma represents the stage of exhaustion of the organism, and the author believes that his view is supported by the nature of the cerebral lesions and the endocrine reactions.

The prophylaxis of the complication lies therefore in raising the resistance of the organism, hence before beginning treatment the integrity of the pituitary-adrenal system should be tested: adrenal function can be assessed by the response of the eosinophils, lymphocytes, urinary sodium and potassium, and corticosteroid excretion to the injection of 25 mgm. of ACTH. During insulin treatment observation should be kept on the duration of hypoglycaemia, whilst deficits of water, minerals and vitamins should be made up. The treatment of prolonged coma itself should not be drastic, because metabolic imbalance can easily be worsened by panicky blunderbuss interference.

Dr. Cloutier's lucid monograph is well worth reading, because insufficient attention has been paid to this complication. The experience of British workers suggests, however, that the incidence of the condition varies inversely with the experience of the therapist. Where insulin coma therapy is left to the supervision of a junior physician the complication tends to be more frequent, whilst with careful attention to technique the incidence should be of the slightest. Probably a most important warning signal is delayed awakening after the administration of glucose: it is important that the injection on the following day should be appreciably less. Again, the most important single measure in treatment of the complication is to raise the blood-sugar to above normal and to maintain it at that level until recovery is established: the amount of the sugar in the blood may quite easily vary considerably in a few minutes, and it is only by maintaining a high level that one can be certain of providing adequate glucose for brain metabolism.

HUNTER GILLIES.

Psychiatry To-day. By DAVID STAFFORD-CLARK. London: Penguin Books, 1952. Pp. 304. 2s. 6d.

To over-sell psychiatry to an eager public is fatally easy, but it can be said to their credit that few psychiatrists have the panache (Anglice—"the nerve") to feel or look really comfortable in the Jehovah roles cast for them by their publicists. Popular expositions in books, on the screen and stage, and over the air, have understandably selected examples of striking therapeutic successes, and the public's palate has been pleasurably titillated by case-histories of the "something-nasty-in-the-woodshed" genre. The myriad patients against whom the dice were loaded from the moment of their conception rarely figure in such selected material, and then only in the productions of our heavier and gloomier writers. But it is these patients who daily confront us, and our support of these handicapped people, valuable and indeed indispensable as it is, appears pedestrian beside the miracles that the public has been led to applaud. The fault, of course, lies in ourselves: we, or rather those who speak for us, claim too much, and too rarely confess frankly our comparative helplessness.

All this is a preamble to the simple statement that Dr. Stafford-Clark's book in the Pelican series is wellnigh perfect. At last the public has been given a balanced appreciation of the present position of our speciality. The book is written for the intelligent layman, and never insults the reader's intelligence. In limpid scholarly prose the sum of our knowledge and ignorance is made clear. Particularly impressive is the author's objectivity, and nowhere is this better shown than in the realistic and masterly account of psychoanalysis and its place in the general body of psychiatric teaching.

Psychiatrists will be grateful to Dr. Stafford-Clark.

HUNTER GILLIES.

Psychology and the Industrial Worker. By E. G. Chambers. Cambridge: The University Press, 1951. Pp. 190. Price 10s. 6d.

The author is to be praised for the wisdom with which he conducts his scientific approach to the human problems of industry. For example, psychiatrists will like his insistence on a visit to the home of a candidate who seeks vocational guidance.

The worker as a member of society is treated similarly with human understanding. The danger of the remote control of state ownership and of vast trade unions is described as a morale lowering tendency which springs from a loss of personal relationships.

The preface says, "This book is intended primarily for Students of Psychology, and is an attempt to examine the principles underlying the work of the psychologist in the industrial field." So well has this been done that students who are