

## 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 prejudge 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.