

a peripheral vaso-constriction, can be treated by means of specially shaped rubber hot-water bags applied to the spine. He claims therapeutic success and quotes three cases. Contra-indications are arterio-sclerosis, any febrile condition, and any possibility of tuberculosis.

With regard to the cases of endocrine-ætiology, he has found that injections of epiphysan produce an effect "vraiment extraordinaire" and he quotes four cases. He has also used agomensin with effect. Mention is made of the school of Cotton and his co-workers, and of the treatment by metal injections. The article is a valuable account of an energetic and thoughtful if somewhat empirical attack on the problem of treatment.

W. McC. HARROWES.

*Observations on the Use of Sodium Amytal and Nembutal.* (*Irish Journ. Med. Sci.*, Jan., 1933.) *Murphy, Oswald J.*

Forty-eight cases were given sodium amytal as a basal narcotic. There were no fatalities. Ten cases required no supplementary anæsthetic. In one case with brain tumour a full dose of amytal had very little effect, the patient being restless throughout the operation.

Seventy-three cases were given nembutal as a basal narcotic. The author found that with this drug the effects passed off more rapidly than with amytal, and there was not the same tendency to restlessness. One case died after 5.5 gr. had been administered. The author advises the use of ephedrine as a prophylactic against shock due to fall of blood-pressure.

F. H. HEALEY.

*Premedication with Nembutal.* (*Irish Journ. Med. Sci.*, Jan., 1933.) *Shaw, R. W.*

A history is given of the development of basal anæsthesia with barbiturates. Nembutal is pento-barbital, and is a white powder soluble in water. A solution is made with distilled water containing .75 gr. per c.c. and injected intravenously at the rate of 1 c.c. per minute. Sleep is rapidly induced, and the sensation is pleasurable. Complete unconsciousness usually results when 7 c.c. of the solution have been given. The patient then requires very little of the main anæsthetic. Head-ache and vomiting are rare. It is said that mental cases should not be given nembutal because restlessness occurs in some cases 3-3½ hours after administration, and one case became violent until fully anæsthetized with ether. This is contrary to the findings in mental hospital practice as recorded by MacMillan.

F. H. HEALEY.

*Glucose-Insulin Administration in Prolonged Narcosis.* (*Lancet*, vol. i, March 4, 1933, p. 464.) *Quastel, J. H., and Ström-Olsen, R.*

Ketosis is a frequent accompaniment of the prolonged narcosis treatment, and has hitherto been regarded as an indication for suspending the treatment. The authors refer to their recent investigations on the mode of action of the narcotics used (*vide p. 412*), from which it appears that these drugs inhibit the oxidation of glucose and lactic acid by the brain-cells. They believe that there may be an interference with the carbohydrate metabolism of other organs also. They have adopted, provisionally, the practice of counteracting the ketosis by administering insulin (5-15 units) and glucose (50 gr.) along with each dose of somnifaine, in all cases where ketonuria appears. Thirteen cases have in this way been enabled to complete their course of treatment. It is suggested that glucose and insulin might well be given prophylactically from the commencement of the treatment.

A. WALK.

*Action of Scopolamine and Carbon Dioxide on Catalepsy Produced by Bulbocapnine.* (*Arch. of Neur. and Psychiat.*, vol. xxix, Feb., 1933.) *Paterson, A. S., and Richter, C. P.*

The authors point out that it is futile in the present state of our knowledge to attempt to relate the conditions produced by bulbocapnine to either human catalepsy or paralysis agitans. In experiments on monkeys with bulbocapnine the