

*Some Observations in the Treatment of Dementia Præcox with Hypoglycæmia.* (*Psychiat. Quart.*, vol. xii, p. 1, Jan., 1938.) Schatner, M., and O'Neill, F. J.

The writers consider that insulin treatment is a psychological treatment. The injection of insulin reduces the patient to a helpless baby, which predisposes him to a mother transference, the doctor making use of this by influencing, suggesting, encouraging and reassuring the patient. They consider it the method of choice in the treatment of dementia præcox.

In their experience the chief dangers are respiratory in nature. All patients showed a substantial gain in weight.

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*Insulin Shock Treatment of Schizophrenic Patients.* (*Arch. Neur. and Psychiat.*, vol. xxxix, p. 1, Jan., 1938.) Katzenelbogen, S., Harms, H. E., and Clark, D. A.

The writers present some comments on six of their cases.

Four patients gave good results with treatment which differed from Sakel's in shorter period of treatment, injections at intervals of 2 or 3 days, and omission of the fourth therapeutic phase of Sakel. In one patient a remission was obtained after one month's treatment, with relapse three months later. There was little relationship between the dose of insulin and the severity of the reactions or the degree of hypoglycæmia. A patient who had shown schizophrenic features at intervals for six years displayed distinct improvement.

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*Protamine Zinc Insulin.* (*Arch. Neur. and Psychiat.*, vol. xxxix, p. 232, Feb., 1938.) Reese, H. H., and Veer, A. V.

Protamine zinc insulin is not suitable for shock therapy because the effects of equal doses are not always the same, the dose must be constantly varied, the danger of after-shock is greater and epileptiform attacks are more frequent. The difference from ordinary insulin is that with large doses the fasting sugar level declines steadily and it is almost impossible to produce comatose wet shock. The comatose phase of insulin shock depends on the rate of fall of the blood sugar as well as on the level reached.

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*Results of Treatment of Athetosis by Section of the Extra-Pyramidal Tracts in the Spinal Cord.* (*Arch. Neur. and Psychiat.*, vol. xxxix, p. 258, Feb., 1938.) Putnam, T. J.

The author divided the extrapyramidal tracts in 27 cases of athetosis and found very little disturbance of normal function. Patients were able to stand and walk normally and use their hands for skilled movements if they had been able to do so before. The temporary loss of sphincteric control was soon regained. There was no loss of co-ordination. Forced grasping did not develop. No striking permanent changes in the reflexes were observed. Three patients died. Of the survivors, 17 showed varying degrees of improvement, 3 actually returning to work.

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*The Action of Harmine and Bulbocapnine in Combination in Cats [L'azione combinata dell'armina e della bulbocapnina sui gatti].* (*Riv. di Neur.*, vol. xvi, p. 31, Feb., 1938.) Penta, P., and Aveta, A.

A detailed description of the effects of harmine on cats, alone and in combination with bulbocapnine, is given. There are photographs to illustrate the important points. The action of the former drug consists in abolition of the catatonic state and depression of the cerebellar functions. Bulbocapnine, on the other hand, produces catatonic symptoms, and restores the cerebellar functions depressed by the first drug. The applicability of these findings to the study of schizophrenic catatonia is discussed.

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