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. Headache and vomiting are rare. It is said that mental cases should not be given nembutal because restlessness occurs in some cases $3-3\frac{1}{2}$ 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

grasp reflex is present. Scopolamine caused a marked prolongation of the effects of bulbocapnine. Carbon dioxide had different effects, depending on the dosage. In from 15-25% concentration administered for from 1-2 minutes, it caused an increase in the length of time that the animal hung, after the gas was discontinued. In from 35-50% concentrations it caused a decrease in the hanging response with a subsequent increase. The effect of the higher concentrations closely resembled that on the catatonic symptoms of man. The authors subsequently found that both carbon dioxide and scopolamine when given alone elicited the grasp reflex and the hanging response. As scopolamine relieves the muscular disturbances in paralysis agitans, this action would appear to be different from that after bulbocapnine has been given.

G. W. T. H. Fleming.

Use of Carbon Dioxide Mixture in Stupors Occurring in Psychoses. (Arch. of Neurand Psychiat., vol. xxix, Feb., 1933.) D'Elseaux, F. C., and Solomon, H. C.

The authors administered gaseous mixtures containing from 5--35% of carbon dioxide and from 20--30% of oxygen, the remainder being nitrogen. No single factor, whether it be acidosis, CO_2 tension, etc., appears sufficient to explain the temporary arousal from stupor. The fact that the procedure is a shock to the system appears to the authors to play a part; several patients expressed a wish not to die. A variety of psychological factors enter into the problem, and may alter the response. The authors conclude that no adequate explanation has been advanced.

G. W. T. H. Fleming.

Surgical Relief of the Headache of Migraine. (Journ. of Nerv. and Ment. Dis., vol. lxxvii, Jan., 1933.) Dickerson, D. G.

The author, after discussing some of the theories bearing on migraine, describes his results from ligation and section of the middle meningeal artery in 7 cases of patients suffering from headache diagnosed as migraine.

Three out of four cases operated on for migraine were cured, and in the other case the headache was cured on the right side, but not completely on the left. In three other cases operated on for serious head injuries a previous recurrent headache, apparently migrainous, was cured by the operation.

G. W. T. H. FLEMING.

Improvement in Nervous and Mental States under Cortin Therapy. (Journ. of Nerv. and Ment. Dis., vol. lxxvii, Jan., 1933.) Hartman, F. A., Beck, G. M., and Thorn, G. W.

The authors used "cortin" therapy with varying success in three cases of Addison's disease, three showing fatigue without demonstrable adrenal insufficiency and five organic neurological cases. Two cases of myasthenia gravis were treated but showed no improvement.

G. W. T. H. Fleming.

Intraspinal Therapy in Neurosyphilis [Terapia endorachidea della neurosifilide]. (Il Cervello, vol. xii, Jan., 1933.) Riquier, G. C., and Quarti, G.

The authors treated 48 general paralytics, 5 tabo-paretics and 21 tabetics with an oily suspension of alkaline bismuth tartrate (trépol) given intraspinally. The dose given was 25–50 mgrm. of trépol. Of the 48 general paralytics 18 showed a moderate remission, 7 a good remission, and 3 an extremely good one. The expansive type responded best to the treatment. All cases received subsequent treatment with bismuth and arsenobenzols. Amongst the 5 tabo-paretics, in 3 there was some improvement. Amongst the 21 tabetics treated with 2–5 injections, 14 showed some improvement.

G. W. T. H. Fleming.

Diathermy in Treatment of General Paresis. (Amer. Journ. Psychiat., vol. xii, Nov., 1932.) McKay, H. A., Gray, K., and Winans, W. C.

A series of 32 patients treated by diathermy in conjunction with chemotherapy is presented. The Victor super-power diathermy apparatus was employed. The