

*On the By-effects of, and the Indications for, Hyoscine Hydrobromide*  
[*Ueber die Nebenwirkungen und Indicationen des Hyoscinum Hydrobromicum*]. (*Psychiatr. Wochenschr.*, No. 27, 1900.) Klein, Ferdinand.

This interesting contribution deals with the use of hyoscine in the treatment of the acute psychoses, concerning the efficacy of which opinions differ so widely. The *objective* by-effects are first briefly recorded, viz., the primary vascular excitement, and then its subsidence with retardation of the pulse, then the sluggish, clumsy, and inco-ordinate movements, the dilatation and slow reaction of the pupil, then the deep sleep of four to six hours' duration. The primary reddening of the face gives way to pallor; and the mucous membranes become slightly cyanotic. Dr. Klein points out that the symptoms of depression, though still occurring, no longer show the severe collapse of former times which resulted from the use of what we now know to have been impure forms of hyoscine.

The occasional appearance of passing erythemas at the site of injection is mentioned, also of inflammatory infiltrations; the local irritation of hyoscine considerably exceeding that of morphia.

Dangerous collapse symptoms were never witnessed with the occasional use of the drug in the dose of  $\frac{1}{40}$  to  $\frac{1}{70}$  grain.

When used repeatedly the drug quickly loses its power, the dose requiring to be raised; further, restlessness and mental distress and irritability appear to increase, and with these there develops cachexia with rapid falling off in weight.

The subjective sensations after hyoscine injections include severe pain at the site of the injection, quickly followed by dryness of the throat and a sense of constriction; great thirst may set in. A feeling of painful apprehension and dread of extinction may arise; sounds appear to come from a distance, things look misty and doubled, the patient is restless yet painfully conscious of his muscular weakness.

Rarer by-effects are certain paræsthesias, *e. g.*, sensations of heat and cold and the creeping sensation accompanying goose-skin. Such paræsthesias may give rise to hallucinations, *e. g.*, that the bed is full of caterpillars. Besides these Dr. Klein insists on a special type of hallucinations of vision, which in his cases consisted in the appearance of snakes or lizards. In some of his cases hallucination of taste was likewise excited.

With the cessation of the medicine the hallucinations subside quickly, they do not develop into fixed ideas.

Dr. Klein considers that the development of the hallucinations of vision was so definite that it raises the question of specificity, *i. e.*, that to one poison may belong one special type or group of hallucinations. Of this phenomenon he invites particular study.

HARRINGTON SAINSBURY.

*The Therapeutics of Epilepsy* [*Therapeutische Leistungen und Bestrebungen auf dem Gebiete der Epilepsie*]. (*Psychiatr. Wochenschr.*, Nos. 8, 9, 10, 1900.) Donath, J.

The writer surveys the whole field of treatment of this affection—medicinal, dietetic, operative, social. He points out that the great

advances which have been made have resulted from the pathological differentiation of the many affections which may become manifest by such common symptoms as convulsive signs and loss of consciousness. Thus has been effected the separation of hystero-epilepsy, of focal epilepsy (due to cerebral tumours, foci of encephalitis, etc.), of reflex epilepsy (from peripheral nerve irritation), of traumatic epilepsy. Further, the toxic forms of epilepsy (alcoholic, saturnine, uræmic), also such well-recognised clinical forms as the eclampsia of children, the eclampsia of pregnancy, and the convulsive seizures of general progressive paralysis. The recognition of Jacksonian epilepsy as a form of *partial* epilepsy has been of great importance, as likewise the discovery of the psychic equivalents of the convulsive seizure, *e. g.*, the impulse to roam (Poreomania, Wandertrieb). In spite of all the work done there remains a large group, the idiopathic, which still lacks a pathological basis, for the hippocampal atrophic scleroses of Meynert are not constant in idiopathic epilepsy, and are therefore probably secondary. The recent researches of Cabitto and Krainsky point to a toxic substance as the cause of epilepsy; witness the poisonous quality of the sweat and blood before and during the convulsive seizure. But these investigations need pursuance.

Dr. Donath then reviews the means of treatment, viz., (1) simple bromide treatment, including strontium bromide (Laborde); (2) the same *plus* the withdrawal of sodium chloride from the food (Toulouse and Richet); (3) the use of opium as an auxiliary and precursor (Flechsigs)—this upon the whole is not advocated, and its danger is pointed out; (4) the employment of bromides with borax and cardiac tonics, digitalis or adonis (Bechterew). A modification of this treatment is obtained by the addition of codein in cerebral depression (Bechterew). These combinations are stated to be more effective in many cases of epilepsy, and to be free from danger. (5) The use of complex bromides, *e. g.*, bromalin, a preparation which is said to avoid the bromide rash and other symptoms of bromism. The oily compound, bromipin, may come in here. (6) Amylene hydrate as a rectal injection, this is specially referred to on account of its power over the status epilepticus; in this it resembles chloral hydrate. (7) The use of methylene blue. (8) The administration of ovarian extract in cases of epilepsy with marked menstrual disturbances. (9) The use of erysipelas serum (Hessler).

The author briefly refers to the older treatment by peripheral irritations of those cases of epilepsy with a peripheral aura, but he is inclined to regard these cases as belonging rather to the hystero-epileptic type. He urges the value of the dietetic treatment by a vegetable *régime*, or by a limitation of animal food, also the favourable results of a milk diet (Wislocki), and the avoidance of alcohol.

He then passes to the surgical treatment of epilepsy. Resection of the sympathetic is discussed, but the outcome of much work appears to be negative, and Donath holds that this operation is to be rejected. The value of trephining—with and without section of the dura mater, and removal or not of portions of the cortex cerebri—is next considered, and declared to be not altogether convincing. Kocher's method of closing the cranial gap so as to avoid the forma-

tion of bone, and obviate the rise of intra-cranial pressure, is mentioned, but questioned.

The establishment of the relation between eye trouble and certain cases of epilepsy is credited to Stevens. The correction of such trouble is the first obvious duty, and sometimes it is wholly successful. Dr. Donath concludes by briefly referring to the question of the marriageability of the epileptic, and to the question of the care of epileptics in special institutions or in colonies.

HARRINGTON SAINSBURY.

*Treatment of Status Epilepticus [Zur Behandlung des Status epilepticus].* (*Allgem. Zeitschr. f. Psychiat., B. lvii, H. 4.*) Naab, J. P.

Dr. Naab gives the results of the treatment of status epilepticus at the Bickfeld Asylum.

He commences by enumerating the various modes of treatment which have been recommended, and he subsequently gives a detailed account of eight cases in which he employed intra-muscular injections of amyl hydrate. This method of administering the drug is much more efficient than any other. It is generally impossible to give the drug by the mouth, as the patient is unable to swallow. In twenty-two cases it was given *per rectum*, and in eight of these it was returned in fifteen minutes without producing any effect. No irritation or inflammation followed the injections. A slight resistance was felt in the muscle for twenty-four hours after. The author would advise intra-muscular injections (1) where it is necessary to obtain a rapid action of the drug; (2) in cases of constipation; (3) in cases of incontinence of *fæces*. In all other cases the drug can be given in the form of enemata with mucilage of gum arabic.

Amyl hydrate should be given in large doses, and in one or two hours half the initial dose should be repeated. Dose for enemata 5·0—7·0, and for injection 3·0—5·0. After the cessation of the epileptic seizures, 2·0 of amyl hydrate should be taken every day for three or four days.

With regard to general treatment, the œsophageal tube has been abandoned, and nasal feeding is carried out by pouring teaspoonfuls of milk into the nose; this causes less disturbance, and provided sufficient time is allowed to elapse before a second dose of milk is given choking does not occur. The room, of course, should be perfectly dark and quiet. 83 *per cent.* of the cases have recovered.

Dr. Naab attributes the success of this treatment to the large doses of amyl hydrate which were often injected into the muscles combined with plenty of nourishment given without nasal tubes.

The author throws out the suggestion that similar treatment might be adopted in eclampsia, considering the close association between this and epilepsy.

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*Ætiology and Treatment of Puerperal Psychoses [Die Aetiologie und die Behandlung der Puerperalpsychosen].* (*Allgem. Zeitschr. f. Psychiat., B. lvii, H. 2—3, 1900.*) Mongeri, L.

In addition to the psychical symptoms, such as melancholia and mania, the author found that there was invariably a rise of temperature.