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The Use of Methedrine in the Diagnosis and Treatment of the Psychoneuroses.

From the study of 140 cases it is concluded that d-N-Methylamphetamine hydrochloride or methedrine, when used in psychoneurotic illnesses, particularly in chronic

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anxiety states, neurodermatitis, and the acute post-traumatic anxieties, produces an emotionally free-flow material that may include painful memories of traumatic experiences, and that will provide the patient with permanent relief.

In the majority of cases the responses evoked are helpful, both diagnostically and therapeutically. (Authors' abstr.)

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A Psychological Study of a 106-Year-Old Man.

1. A case of a superannuated man, free of dementia despite his advanced age, is presented to illustrate that there is not necessarily a direct relationship between age and dementia. This man, on detailed study, was found to have high intellectual endowment and good emotional resources.

2. Dynamic concepts of ageing are discussed and the speculation presented that strong ego resources may play a role in resisting the onset of dementia in advancing age.

(Author's abstr.)

Psychopathology of Schizophrenia and Depression. I. Effect of Amytal and Amphetamine Sulfate on Level and Maintenance of Attention.

As part of a larger study of the relations among the primary symptoms of schizophrenia, this report is concerned with the attention disturbance. A reaction time technique employing two procedures, a regular and an irregular, was used to measure attention. In the regular procedure the length of the preparatory interval, that is, the time between a visual warning signal and an auditory reaction stimulus, was constant for all reactions to that interval. In the irregular procedure the length of the preparatory interval was varied randomly. Three intervals were used : 2, 5, and 10 seconds. This technique was applied to four groups of patients : 22 chronic schizophrenic, 20 early schizophrenic, 21 manic-depressive, depressive type, and 21 neurotic. All patients were tested without and with intravenous sodium amytal and amphetamine sulfate. Amytal alters the primary symptoms in many cases of schizophrenia.

The main results of the experiment were as follows :

1. Without drugs the chronic schizophrenic group was significantly slower in reaction time than the other 3 groups, and the neurotic group significantly faster, while the early schizophrenic and depressive groups were intermediate. With drugs the reaction time of the schizophrenic and neurotic groups slowed ; that of the depressive group speeded.

2. Reaction times on the regular procedure were significantly faster than on the irregular for all groups at all preparatory intervals both with and without drugs, with the single exception of the 10-second interval without drugs for the chronic schizophrenic group. Here the reaction times on the regular and irregular were about the same. Under drugs, however, the chronic schizophrenic group also had significantly faster reaction times on the regular procedure at all intervals, including the 10-second.

3. An analysis of the percentage of patients who had the regular procedure faster than the irregular showed that without drugs the highest percentage was in the neurotic group and the lowest in the chronic schizophrenic group. Without drugs, as length of preparatory interval increases, the percentage of patients having the regular faster than the irregular declined ; this was marked in the chronic schizophrenic group. Under drugs, in contrast, the percentage of patients who had the regular faster than the irregular was approximately the same for all diagnostic groups at each preparatory interval.

4. A " set index " of attention, based on the relation between the regular and irregular procedures, level of performance, and variability, without drugs, differentiated the chronic schizophrenic patients almost perfectly from the neurotic patients. Under drugs the set index of the chronic group showed a degree of improvement approaching significance.

5. An analysis of factors possibly related to the results indicated a slight correlation between co-operation and set index, changes in co-operation and changes in set index with drugs ; and in the combined schizophrenic groups between duration of illness and set index. No relation was found between duration of illness and the separation of procedures, nor between schizophrenic subtype and the separation of procedures or set index.

From these results we conclude : (A) Level of attention is best in the neurotic group, poorest in the chronic schizophrenic group, with the early schizophrenic and depressive groups falling between. (B) Intravenous sodium amytal and amphetamine sulfate have a differential effect, improving the level of attention in depressive patients and making it poorer in the other three groups. Whether the explanation of this difference is primarily

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physiologic or psychologic requires further investigation. (c) Having the regular procedure slower than the irregular on long preparatory intervals is a more prominent characteristic of schizophrenia and especially of chronic schizophrenia than of depression or neurosis. Hence schizophrenic patients, and especially chronic schizophrenic, have more difficulty maintaining a level of attention than depressive and neurotic patients. (D) Intravenous sodium amytal and amphetamine sulfate improved the ability of chronic schizophrenic patients to maintain a level of attention, as measured by the relation of the regular and irregular procedures. On a more complex measure of attention, the set index, schizophrenic patients showed some, but not significant, improvement with drugs. Hence the disturbance in attention in schizophrenia is not a unitary characteristic but has several aspects. (Authors' abstr.)

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Language Behavior in Manic Patients.

Specific findings in analyzing the speech of 10 manic patients were as follows:

1. There was persistence of the general framework inherent in spoken language. This was shown in terms of (*a*) the 10 most commonly used words, (*b*) the distribution range of various speech elements, and (*c*) the balance between conceptual and articulatory words.

2. There was a tendency to use fewer different words and to repeat these different words with greater frequency than in " normal " discourse.

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3. There was a quantitative change in the use of certain speech elements, namely, (*a*) a relative increase in the use of pronouns, main verbs, and auxiliary verbs; (*b*) a relative decrease in use of adjectives and prepositions; (*c*) a high verb-adjective quotient.

4. The flow of speech in terms of rate, units of speech and units of silence was more uneven and was subject to wider variation than was "normal" speech.

On the basis of these findings a tentative descriptive analysis of language behaviour in manic patients is formulated as follows:

The language pattern of these manic patients indicates that gross disorganization does not appear at the level of structural elements, and that the dynamic laws demonstrable for any given language are operating. It is postulated that the defect of manic speech occurs at higher integrative levels of language formulation. A shift in emphasis in the use of elements of speech occurs in the direction of repetitiveness and homogeneity, and away from that part of the vocabulary which qualifies, differentiates, and individualizes. The interaction with the listener appears to be more characteristic of expressive behavior than of communication. If the assumption of a correlation between emotional states and verb-adjective quotient is correct, the manic patient's speech gives objective evidence of a heightened degree of anxiety. Greater variation, with less predictability and uniformity, occurs in the physical pattern of speech. (Authors' abstr.)

Psychological Functioning Following Cerebral Hemispherectomy in Man.

Early in the 19th century Francis Joseph Gall reported the case of a man in whom the right hemisphere had been destroyed by disease but whose "intellectual faculties remained intact up to the time of death." However, it was not until Dandy's first hemispherectomy in 1923, that operative procedures were carried out on such an extensive area in man. Since this pioneer operation there have been published reports on only 41 hemispherectomies, 28 done in this country, including Dandy's early series of 7 cases. With few exceptions the preoperative and postoperative psychological functioning of the patients has been described only in general terms, indicating the need for a systematic follow-up study with standard, objective psychological measures.

In the present study a man aged 54 had been operated on for an extensive brain tumor, and the entire right cerebral hemisphere was removed. Psychological examination could not be begun until the 18th post-operative day, because of the sequelae of the radical operation. On nine occasions during five months following operation the patient was examined with the Wechsler Memory Scale and various subtests of the Wechsler-Bellevue Intelligence Scale. Three months after operation the Rorschach test also was administered. The examination data reflect wide variations in functioning, with concreteness and perseveration of ideas, confused and psychotic-like thinking, clang associations, mingling of old and new information, and self-reference. Also seen are premorbid levels of superior vocabulary and verbal facility and extremely compulsive behavior.

A number of reports on post-operative psychological functionings have emphasized the absence of disturbance following hemispherectomy, the generalization being made from clinical observations. The present study by means of objective psychological measures reflects extreme variation and disturbance in the psychological functioning after operation. A similar systematic follow-up study in a number of cases is suggested in order that the course of recovery of psychological function after hemispherectomy may be portrayed more accurately. (Author's abstr.)

Phenomenon of Reduplication.

The phenomena of reduplication for place, person, and/or time in 16 patients with organic brain disease are defined and illustrated. One case is presented in detail.

The character of the pathologic process in the brain and the location of the lesions were varied. In all instances the electroencephalographic record showed bilateral diffuse delta activity.

Reduplication occurred as part of a general alteration in behavior, which included other types of disorientation for time and place, other confabulations, paraphasic language, and, in 12 cases, denial of illness or defect.

Reduplication was not explicable on the basis of a unitary defect, but appeared to be a manifestation of a pattern of functional reorganization in the damaged brain. The elements of the pattern are in large part determined by motivational factors.

Reduplicative manifestations in persons without demonstrable organic brain disease are described as occurring in déjà vu phenomena and the fantasies of children. The relation of these phenomena to those found in cases of organic disease is discussed. (Authors' abstr.)

N-Benzyl-β-Chloropropionamide (Hibicon®).

N-benzyl-β-chloropropionamide (hibicon®), a compound differing in chemical nature from other modern anticonvulsant drugs, has been found clinically and experimentally effective in the treatment of convulsive disorders.

Adequate control of convulsive seizures was acheived in 39 of 59 patients given clinical trial and hibicon®, supplemented by a barbiturate in 11. Of the 20 patients who failed to respond, 8 had never had adequate control of attacks on any anticonvulsant medication.

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In a comparative study 70 per cent. of 31 patients had adequate control with hibicon® (plus a barbiturate in 7 instances), and 60 per cent. of the same patients had control with a hydantoin-barbiturate combination.

Hibicon® has been found singularly free from toxic reactions and from untoward side-effects. Consequently, patients whose seizures are equally well controlled with this and with other anticonvulsant medication feel better on hibicon® therapy.

The employment of hibicon® appears to widen the scope of the pharmacological therapy of chronic epilepsy, since it has successfully controlled the seizures in some patients whose attacks have failed to respond to all other present-day anticonvulsant drugs.

(Author's abstr.)

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Poliomyelitis. V. The Pons

Detailed histologic studies of the pons were made in 109 cases of bulbar poliomyelitis.

Histologic studies showed the pons to be involved in practically every case. This involvement consisted of both a diffuse interstitial-cell infiltration and neuronal damage. These changes occurred together in most cases, but differed greatly in severity and in distribution from case to case.

All the motor nuclei within the pons were about equally damaged, in moderate to severe alterations in these cell elements being shown in a little over one-half the cases. The degree of histologic damage far exceeded the amount of clinical dysfunction observed. This discrepancy may be due to the difficulty of examining the function of these nerves in an acutely ill patient.

Irritation of the motor nucleus of the fifth cranial nerve may result in severe trismus in bulbar poliomyelitis. This complication, by preventing the removal of secretions, may threaten the life of the patient unless an immediate tracheotomy is performed.

The upper half of the vasomotor centre is situated within the large reticular cells of the lower part of the pons. Involvement of this region of the pons can produce rapid circulatory collapse and death, in the absence of any medullary disturbances.

Contrary to the reports in the literature, the cells of the locus caeruleus were not involved in the authors' cases. (Authors' abstr.)

Poliomyelitis. VI. The Hypothalamus.

A clinicopathologic study of the hypothalamus was undertaken in 115 cases of bulbar poliomyelitis. Inflammatory changes were observed in 85 per cent. of the cases, and neuronal damage exceeding 5 per cent. of the cell elements occurred in 61 per cent. The hypothalamus appeared to be diffusely damaged; the supraoptic nuclei were most severely involved, whereas the tuberal and mammillary nuclei were usually spared.

During the acute illness many patients show clinical evidence of hypothalamic dysfunction, consisting of hyperthermia, hypothermia, hypertension, and gastric hemorrhage or stasis. Gastric hemorrhage must be considered one of the more serious complications of bulbar poliomyelitis, and may be the immediate cause of death in a patient who is apparently recovering from the acute illness. Gastric stasis can result in respiratory embarrassment and may also complicate recovery.

Months or even years after recovery from bulbar poliomyelitis patients will show evidence of subclinical damage to the hypothalamus, as evidenced by their abnormal response to special tests used to determine hypothalmic function. (Authors' abstr.)

Concentration of Cholesterol and of Lipid Phosphorus in Blood Serum in Multiple Sclerosis.

Total-cholesterol, free-cholesterol, and lipid-phosphorus levels were determined in the blood serum in 52 patients with multiple sclerosis and in 20 patients with other diseases of the central nervous system.

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No evidence for the occurrence of hypercholesteraemia in multiple sclerosis was obtained. Possible reasons for the discrepancy between this result and that reported by other investigators are discussed.

The percentage of combined cholesterol in total cholesterol is normal in multiple sclerosis.

The concentration of lipid phosphorus in the patients with multiple sclerosis bore the same mathematical relation to the cholesterol concentration as that which has been reported in healthy persons. (Authors' abstr.)

Use of Thiamylal (Surital®) Sodium with Electroshock.

The intravenous use of thiamylal (surital®) sodium immediately preceding the administration of electroconvulsive therapy is reported.

This technique appears to abolish muscular activity, or so to minimize it that the treatment may safely be administered to patients who have fractures or other bony lesions, which ordinarily contraindicate electroshock therapy.

The rise in blood-pressure and in pulse-rate following treatment is significantly less, and is the basis for the belief that this technique is safer for patients with a questionable cardiovascular state.

Anxiety of those patients who were fearful of electroshock treatment was reduced. (Author's abstr.)

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The Electroencephalogram in the Electric Shock Therapies.

The following general conclusions may be drawn with respect to the effects of electroconvulsive treatment upon the E.E.G. :

1. Diffuse slowing and increased voltage of potentials are noted. These patterns often resemble epileptic discharges of the serial slow wave type, and in practically no instances do the characteristic "*petit mal*" type of spike and dome discharges appear.

2. The E.E.G. changes generally are most pronounced over the anterior aspects of the brain.

3. There is no direct correlation between the character of the post-electric shock E.E.G. pattern and the clinical response to treatment or the degree of memory disturbance.

4. With more frequent and greater number of treatments in a certain period of time, the greater is the E.E.G. abnormality.

5. The E.E.G. disturbances generally persist after the fifth or sixth treatment when administered on a thrice weekly basis, and usually disappear within one to three months after termination of an average course of treatment (six to twelve treatments).

6. There is no established relationship between the development of E.E.G. abnormalities and histopathologic changes in the brain. (Authors' abstr.)

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The Localization of Aneurin Pyrophosphatase in the Brain.

That the localizations described represent the sites of enzyme action has been established with a fair degree of certainty by the absence of staining when aneurin pyrophosphate is omitted from the incubation medium ; by the suppression of staining when the magnesium ions are omitted, or when a low concentration of the inhibitor uranyl acetate is added ; and by heating or chemical treatment of the sections before incubation. The change seen in the localization of staining due to the replacement of the aneurin pyrophosphate by another phosphoric acid ester, such as 5-adenylic acid, provides further confirmatory evidence that enzymatic dephosphorylation of aneurin pyrophosphate has been demonstrated. It precludes the possibility of the pictures being produced to any appreciable extent by the deposition of the precipitate on foci of crystallization within the tissue (Naidoo and Pratt, 1951).

The activity detected in the present investigation appears to be distinct from that of non-specific phosphatases demonstrated by glycerophosphate. This activity has not been found in nervous tissue by previous workers who have used aneurin pyrophosphate as a substrate, presumably on account of their less favourable fixation methods.

The localizations obtained by the incubation of frozen dried brain tissue with aneurin pyrophosphate at pH 6·9 show certain similarities to those obtained with glycerophosphate at pH 5·3, but there are chemical and histological differences.

Tissue incubated with aneurin pyrophosphate at pH 5·3 or with glycerophosphate at pH 6·9 stains in each case at a greatly reduced rate. This difference in the pH optima, possibly explicable by differences in the physico-chemical properties of the two substrates, is large enough to suggest that it is an integral part of the conditions necessary for the demonstration of separate enzyme activities. Fluoride suppresses staining in the glycerophosphate medium, but has no effect on the rate of staining when aneurin pyrophosphate is used. When magnesium ions are omitted from the medium, staining is completely absent in the aneurin pyrophosphate medium but only reduced in rate when glycerophosphate is employed. It appears likely that the reaction demonstrated is the splitting of aneurin pyrophosphate to aneurin orthophosphate, since replacement of the aneurin pyrophosphate in the medium by aneurin orthophosphate or by inorganic pyrophosphate fails to produce positive results within the normal incubation period.

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Although there is a similarity between the picture obtained with aneurin pyrophosphate and that with glycerophosphate, some histological differences are present. In the cerebral cortex layer VI is much less prominent than in glycerophosphate material and the nuclei of neurons do stain. The cells of the cranial nerve nuclei are more lightly stained than corresponding cells in glycerophosphate sections. In the cerebellum, basket fibres which stain with material incubated with glycerophosphate, do not appear. Bergmann glia, which do not stain in sections incubated with glycerophosphate, appear first and stain most deeply of all cerebellar structures. Similar intense staining of the Bergmann glia is found when adenosine triphosphate is used as the substrate. The choroid plexus stains moderately in contrast to the deeper staining found when glycerophosphate is used. A feature which appears in the aneurin pyrophosphate material but not in glycerophosphate incubated sections is the intimal staining of the larger vessels and arterioles. The discrete and granular appearances in the intima, however, do not necessarily indicate a particulate distribution of the enzyme.

The significance of these histological and biochemical differences is not immediately apparent. Although it is well established that aneurin pyrophosphate functions as a co-enzyme, the mechanism of its action is not clear. The biochemical study by Westenbrink and his colleagues of the breakdown by an alkaline phosphatase of aneurin pyrophosphate in a wide range of animal tissues does not directly assist in the interpretation of the present results. Further, these authors find that aneurin orthophosphate is split readily by this phosphatase, whilst the process now studied histologically in brain appears to be concerned more directly with the hydrolysis of aneurin pyrophosphate to aneurin orthophosphate and to be distinct from the action of non-specific phosphatases. Investigation of the conditions under which aneurin orthophosphate is hydrolysed to aneurin by brain tissue sections and the demonstration of the sites of this hydrolysis would be of value.

Banga, Ochoa and Peters (1939) find that the greater effectiveness of aneurin compared with that of aneurin pyrophosphate in stimulating the respiration of brain slices from aneurin-deficient animals can be explained by the failure of aneurin pyrophosphate to penetrate into the tissue. As aneurin is the diffusible form, at some stage dephosphorylation may be essential to the assimilation or further utilization of the vitamin. Thus sites of intense aneurin pyrophosphatase activity may indicate loci of high vitamin B_1 requirements. Alternatively, the enzyme localized at these sites may function in some more complex process specific to the vitamin but of a nature not yet understood. Although further anatomical study is necessary to determine in detail the degree of hydrolysis of the co-enzyme taking place in the various structures of the brain, it is of interest at this stage to note that the hypothalamus in general stains very deeply. (Authors' abstr.).

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Schizothymia-Cyclothymia as a Dimension of Personality.

Two hypotheses were investigated: (1) The functional psychoses (schizophrenia and manic-depressive insanity) are not qualitatively different from normal mental states, but form one extreme of a continuum which goes all the way from the perfectly normal, rational to the completely insane, psychotic individual. (2) The two main functional psychoses show patterns of traits which are observable in non-psychotic persons also, although in a less extreme degree, and which give rise to a continuum running from the extreme schizothyme to the extreme cyclothyme.

One hundred normal subjects, 50 schizophrenes and 50 manic-depressive patients were tested with a large battery of objective tests, and the significance of differences established by means of analysis of variance. Then factor analyses were performed on the intercorrelations of tests for the normal and the psychotic groups separately, and the method of criterion analysis used in order to verify deductions made from the original hypotheses. Hypothesis 1 was verified; Hypothesis 2 was not verified.

Certain general findings seemed of interest. (1) Scores of schizophrenes tended to be intermediate between scores of normals and scores of depressives. (2) Variances for psychotics are considerably higher than for normals. (3) Tests on which neurotics and normals had been shown to differ very significantly showed no differences between psychotics and normals. (4) Tests using expressive movements were particularly significant in differentiating between normals and psychotics. (Author's abstr.)

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Electrocortical Effects of Topical Application of Acetylcholine Chloride to Human Cerebral Cortex. Chusid, Joseph G., et al. [*J. Applied Physiol.*, **4**, 764–70 (1952).]

Topical application of acetylcholine chloride, 10–20 per cent., to the human cerebral cortex via small cotton pledgets may induce severe local electrocortical changes. There is a latent period of 6–8 minutes followed by the occurrence of recurrent single high-amplitude negative waves. Then groups of negative waves or recurrent complexes composed of initial high-amplitude negative waves and rhythmic trains may occur. Early depression of local electric cortical activity was not noted. T. McKee (Chem. Abstr.).

Electrolytes of the Cerebrospinal Fluid in Uremia, Tetanus, and Various Nervous and Psychic Syndromes. Sposito, M., et al. [*Arch. "E. Maralgiano" patol. e clin.*, **5**, 771–7 (1950).]

Values of Ca, K, P, Mg, Na, and Cl in 14 cases of uremia, 5 of tetanus, 8 of acute meningitis, 9 of brain tumors, 6 of epilepsy, 5 of cerebrovascular syndrome, 14 of luetic syndrome, 13 of myelitis cervicalis, 3 of neuritis, and 19 of various psychopathies are tabulated. In uremia the content of Na in cerebrospinal fluid was lower than that of blood. In tetanus a constant decrease in the Ca level was noted. An increase of P and K was observed in inflammatory forms, a decrease of Ca and Mg in degenerative and tumoral forms. In epilepsy there was only a slight decrease in Mg. C. Scandura (Chem. Abstr.).

Ultraviolet Spectrophotometric Studies on the Cerebrospinal Fluid in Normal and Psychotic Individuals. Seguin, F. [*Can. Med. Assoc., J.*, **64**, 51–2 (1951).]

Cerebrospinal fluid (I) was obtained by lumbar puncture, buffered to pH 7, and examined for light absorption in the range 250–320 mμ. Peak absorption for (I) schizophrenic patients was at 269–270 mμ, while that for controls was around 276 mμ. The difference between absorption at 268 mμ by (I) of schizophrenics and (I) of normal patients was statistically significant. Correction for the protein content of (I) did not alter the interpretation. The difference was tentatively attributed to above normal amounts of nucleoside and nucleotide in (I) of schizophrenics. W. Donald Graham (Chem. Abstr.).

Excretion of 17-ketosteroids in some Mental and Nervous Diseases. Ottonello, P., et al. [*Riv. sper. freniatria*, **75**, 69–77 (1951).]

In 13 cases of manic-depressive psychosis, 7 of schizophrenia and hypochondria, 10 of psychasthenia, 8 of muscular dystrophy and 9 of various other diseases the daily urinary excretion of 17-ketosteroids was 2·94–31·48, 4·70–20·48, 7·65–15·25, 3·27–17·13, and 5·84–23·42 mgm. respectively. C. Scandura (Chem. Abstr.).

Photometric Method for Testing the Presence of Iron in the Central Nervous System. Wolemann, M. [*Acta Morphol. Acad. Sci. Hung.*, **1**, 127–32 (1951).]

Sections of brain, 40 and 20 microns thick, were measured photometrically, after development of Prussian blue and Turnbull blue, for the determination of Fe. Average results (mg. per cent.): substantia nigra 14·5, globus pallidus 13·8, nucleus dentatus 5·9, red nucleus 6·0, cerebral cortex 5·25, tegmentum pontis 4·5, medulla oblongata 3·2, spinal cord 3·0. William M. McCord (Chem. Abstr.).

The Uses of Nuclear Degeneration in the Diagnosis and Treatment of Brain Tumor. Sweet, W. H. [*New Engl. J. Med.*, **245**, 875–8 (1951).]

P^{32} injected intravenously as phosphate, became much more concentrated in brain tumors than in normal brain. K^{42} became more concentrated in most brain tissues than I^{131} in the form of diiodofluorescein. A disadvantage of K^{42}, however, was its tendency to become concentrated also in muscle. For use in destroying brain tumors P^{32} is impracticable because it is taken up by liver and bone marrow as much as by brain tumors. B^{10} which captures slow neutrons and then disintegrates, injected in the form of borax, became

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3–28 times as concentrated in brain cancers as in normal brain tissue for a short time (up to 0·5 hour) without producing toxic effects on the rest of the body.
MARION HORN PESKIN (Chem. Abstr.).

Gargoylism (Hunter-Hurler Disease, Dysostosis Multiplex, Lipochondrodystrophy). Prenatal and Neonatal Bone Lesions and their Early Postnatal Evolution. Caffey, John (Babies Hosp., New York, N.Y.). [*Bull. Hosp. Joint Diseases*, **12**, *No.* 2, 38–66 (1951).]

Pathological and biochemical aspects are described. At birth, serum Ca and P and urinary Ca may be normal, but lipides or glycogen are apparently deposited in the bones.
W. C. TOBIE (Chem. Abstr.).

Metabolism of Labile Phosphorus Compounds in Brain Anemia under Conditions of Protective Inhibition. Gromova, K. G., et al. [*Biokhimiya*, **17**, 13–24 (1952).]

Most of the white rats after ligature of the carotid arteries showed convulsions, and died within 1–12 hours. The few without convulsions lived longer, up to 4 days. When the animals were placed in an atmosphere of 50 per cent. O for 6 hours, the number of convulsive cases decreased. During anemia, especially in convulsive animals, a disturbance was observed in the resynthesis of adenosine triphosphate because of O starvation, which lowered oxidative phosphorylation. After a sleeping dose of urethan, the P metabolism of the anemic animals was practically normal. Cooling the animals to 30–31° for 2 hours previous to ligature of the carotid arteries prolonged the life of the animals and prevented a profound disturbance in the metabolism of labile P compounds.
H. PRIESTLEY (Chem. Abstr.).

Psychophysical Correlations. VIII. Model Experiments on the Problem of Schizophrenia. N, N-Diethyllysergamide and Mescaline. Fischer, R., et al. [*Schweiz. med. Wochschr.*, **81**, 817–19 (1951); *cf. C.A.*, **44**, 4997*b*.]

Psychopathological and physiopathological studies with N, N-diethyllysergamide (I) and mescaline (II) produced intoxications simulating schizophrenia. The effect of (I) has a certain similarity to the hebephrenic status, while the (II) effect has catatonic features. In (I) administration the liver function is less disturbed than after (II) application; the Quick hippuric acid test (*C.A.*, **34**, 1044[3]) is positive in (II) intoxications and in most cases of acute schizophrenia. The cinnamic acid test (Snapper and Saltzman, *C.A.*, **43**, 2322*h*) leads to the detection of liver dysfunction with (I). Comparative studies with larvae of *Xenopus laevis* show that (I) is approximately 100 times more toxic than (II).
EUGENE MAIER (Chem. Abstr.).

Ethanolamine O-phosphoric Acid in Rat Brain. Ansell, G. B., et al. [*Biochem. J.*, **50**, 241–6 (1951).]

The presence of ethanolamine phosphoric acid (I) in brain extracts has been proved. Since it is identified in chromatograms of extracts prepared from brain frozen *in situ* by liquid O, the substance could not be formed by post-mortem breakdown of phosphatidyl ethanolamine (II). The recovery of the substance on 2-dimensional chromatograms is not quantitative. When rats are injected with $KH_2P^{32}O_4$ and killed after a few hours, the specific activity of the P in the brain (I) is many times greater than the specific activity of the P in the ether-soluble phospho-lipide. Radioactive (I) was isolated from minced brain respiring in labeled $KH_2P^{32}O_4$, leading to the conclusion that the substance is synthesized in the brain. Its role in brain metabolism is not clear. In view of its high P turnover in intact brain the possibility that it serves as a precursor of (II) cannot be excluded.
S. MORGULIS (Chem. Abstr.).

2. Pharmacology and Treatment.

Preliminary Observations on Mental Disturbances Occurring in Patients under Therapy with Cortisone and Adrenocorticotropic Hormone (ACTH). Clark, L. D., et al. [*New Engl. J. Med.*, **246**, 205–16 (1952).]

Ten cases of mental disturbance occurring during the course of therapy with ACTH and cortisone are reported. In five cases the mental disturbance coincided with the peak in increase of body weight. No correlation was noted of mental changes with dietary Na intake, KCl administration, 17-ketosteroid excretion, intracellular K, or changes in the serum levels of Na, K, Cl, or CO_2.
MARION HORN PESKIN (Chem. Abstr.).

Free Amino-acids in Rat Brain during Insulin Shock. Cravioto, R. O., et al. [*Proc. Soc. Expt. Biol. Med.*, **78**, 856–8 (1951).]

Brain extracts of rats subjected to insulin shock show, as compared with normal controls, smaller amounts of free glutamic acid, γ-aminobutyric acid, and glutamine, and a greatly increased quantity of free aspartic acid, but practically no change in total free amino-acid N.
L. E. GILSON (Chem. Abstr.).

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Effect of Intravenous Papaverine Hydrochloride on the Cerebral Circulation. Jayne, H. W., et al. [*J. Clin. Invest.*, **31**, 111–14 (1952).]

Intravenous papaverine-HCl, in a dose of 0·2 gm. administered in a period of 20 minutes, results in a 13 per cent. increase in cerebral blood-flow, a commensurate decrease in arterial-cerebral venous O difference, with no change in cerebral O consumption, and a decrease in cerebral vascular resistance and cerebral venous O tension. This may be due to a direct dilating effect on cerebral vessels. JOHN T. MYERS (Chem. Abstr.).

My 301, a New Muscle Relaxant. Gycha, F. P. [*Med. Monatsschr.*, **6**, 166–71 (1952).]

This drug is a 5 per cent. solution of guaiacol glycerol ether with 5 per cent. levulose of pH 4·3. It does not cause venous thrombosis on intravenous injection, has no effect on circulation, and has no hemolytic action. Because of its low toxicity it is recommended as an adjuvant for general anesthesia. A. E. MEYER (Chem. Abstr.).

Acute Barbiturate Poisoning. Silver, Arthur W., et al. [*J. Phila. Gen. Hosp.*, **3**, 69–77 (1952).]

The present-day analeptics are not specific antidotes, but physiological antagonists, to barbiturates. Metrazole is the safest and most effective while picrotoxin is dangerous. JOSEPH S. HEPBURN (Chem. Abstr.).

Anticonvulsant Activity of Carbamate Esters of Certain 2, 2-disubstituted 1, 3-propanediols. Berger, F. M. [*J. Pharmacol. Exptl. Therap.*, **104**, 229–33 (1952); *cf. C.A.*, **45**, 265*a*; 46, 1651*d*.]

The intensity and duration of the anticonvulsant action against electroshock seizures in mice were determined for the 2,2-disubstituted diemthyl, methylethyl, methylisopropyl, diethyl, ethylbutyl, ethylphenyl, dipropyl, and diphenyl derivatives of 1,3-propanediol. The diols and their monocarbamates were short-acting and weak. The dicarbamates showed a longer and stronger anticonvulsant action. The cyclic carbonate esters, which may also be called 5,5-disubstituted 1,3-dioxan-2-one derivatives, showed a weak and transient anticonvulsant action. L. E. GILSON (Chem. Abstr.).

Decurarization by Decamethonium. Hunter, O. F., et al. [*Brit. J. Pharmacol.*, **6**, 691–5 (1951).]

Suitable doses of decamethonium restored neuromuscular transmission after block by *d*-tubocurarine. This decurarization was not due to inhibition of cholinesterase by decamethonium. Transmitted responses appeared without a detectable increase in size or prolongation in the time course of the end-plate potential.
RICHARD F. RILEY (Chem. Abstr).

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

(MAUDSLEY BEQUEST.)

The Royal Medico-Psychological Association has initiated a scheme of two-day lecture courses suitable for psychiatrists in training and others interested in the subjects to be discussed. Admission is by ticket and free to members of the Association; the fee for each course to non-members is 10s. Regional Hospital Boards are being asked to give favourable consideration to the granting of study leave for these courses.

The first course will be held at 11, *Chandos Street, Cavendish Square, London, W.*1, on *9th and 10th February*, 1953.

Applications for tickets should be addressed to *The Registrar, R.M.P.A.*, 11, *Chandos Street, Cavendish Square, London, W.*1. (Accommodation is limited.)

PROGRAMME (FIRST COURSE).

9th February, 1953.

10.00 a.m. "*Selective Indications for Physical Treatments.*" W. Mayer-Gross, M.D., F.R.C.P.

11.30 a.m. "*Technique and Management of Insulin Shock Therapy*," R. Freudenberg, M.D.

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