The family histories of 633 cases in private practice were examined. In cases whose family was free from neuropathic taint the onset was late (median, 33 years of age); the median for the length of attacks was four months and for the length of the intervals seven years. In cases with both parents neuropathic, the median of the age at onset was 22 years, of the length of the attacks five months, and of the intervals four years. Cases with migraine in one parent showed a median of 29 years of age at onset and of three years for the length of the intervals. A median of five years for the length of the intervals was found for cases with a psychosis in one parent, whereas cases with a neuropathy in a parent and a grandparent showed a median of 26 years of age for the onset. Although the conclusions refer to 485 cases, the table refers to 633.

It is unfortunate that the median has been used and that the author has omitted the actual figures and the means.

G. De M. R.

PSYCHOPATHOLOGY.

The following facts are demonstrated: (1) The inhibitory influence of cholesterol on hemolysis and its activation by lecithin, also the presence of a thermolabile ferment in serum which activates hemolysis, and which appears to vary directly with the blood cholesterol content. (2) The influence of cholesterol as a controlling factor in oxidative processes, its controlling power being best exercised in relation to lecithin in the ratio to that substance normally existing in the blood. (3) Lecithin has an attractive influence on potassium ions, and the presence of cholesterol in the membrane definitely retards diffusion of potassium. (4) The retarding effect of cholesterol on the anionic movement of colloidal lecithin. (5) Increase of protein diet has no effect in stimulating metabolism in dementia praecox. (6) The blood-cholesterol content in dementia praecox is greatly diminished, while abnormal increase is noted in states of mania. (7) In general paralysis there is great diminution of cholesterol in the brain substance.

C.S.R.
ABSTRACTS


Lactic acid and total organic acids were estimated in cerebrospinal fluid from cases of general paralysis and from non-paretic patients. In a number of fluids from cases of general paralysis the amino-acid content was also determined. The results showed no increase of lactic acid in general paralysis, but a definite increase in total organic acids. It is argued from the nature of the titration curves obtained, and from other evidence, that the results for organic acids include weak basic material unaccounted for by ordinary methods of analysis, and that this is responsible for the increase in the cases of general paralysis.

C. S. R.


The author examined hyperemotional patients to see what biochemical changes were associated with variations in emotional state. It was found impossible to examine the blood chemistry owing to the constant emotional disturbance caused by the prick of the needle. The urine was therefore examined for hourly quantity, reaction (pH), chloride, nitrogen, ammonia nitrogen and sometimes for calcium. As a general rule it was found that during emotion there was a tendency to alkalinity, expressed as a rise in pH from the normal (5 to 6) to between 6 and 7, or even slightly above this. This was associated with an increase in total nitrogen and in quality, and sometimes also in calcium and ammonia. In a case of permanent anxiety high figures were obtained in each of these examinations throughout the patient's stay in hospital. In two cases of schizophrenia variations in the urine similar to those found during emotion were observed, without the display of any emotion by the patient. Two possible explanations of this were offered: (1) That schizophrenics experienced emotions which they did not betray; or (2) that the changes in the urine were due to the functional disturbances in the brain which in normal subjects led to the somatic expression of the emotions.

J. G. G.


A series of cases of chronic encephalitis, confusional insanity, etc., have been investigated in order to assess the role of chronic sepsis as an etiological factor. The 'pathogen-selective' technique has been employed throughout, and its utility in incriminating or exonerating particular foci of sepsis as causative has been illustrated in three cases. Details of bacteriological results
are set out in a table and they illustrate how by this simple method of using the patient's blood as a facture in culture the causative organisms can be detected. This method, too, adds bacteriological finesse to the preparation of autogenous vaccines, and makes such more selective in their action.

C. S. R.


AURAL sepsis as a factor in the production of psychosis has been given special attention by Graves. He analysed two series of cases of acute mental disorder, and found 31.7 per cent. in the first series and 42.1 per cent. in the second series to have aural sepsis, chronic otitis media occurring most frequently. Auditory hallucinations may be associated with either the healthy or the diseased ear. The writer here records a case of acute confusional insanity seemingly caused by a sepsis focus in the right ear, and he regards the mental recovery as due in great part to the cleaning out of the septic focus and the establishment of good physical health.

C. S. R.


THE influence of changes in cardiac action on mentality need not be limited to the effects of cardiac deficiency on the circulation in the brain, to variations in blood-pressure, blood velocity, and the consequent alterations in oxygen and carbon dioxide tension in the cerebral tissues; we must be prepared to accept, if proved, secondary effects from changes in glands and other organs disturbed by the same circulatory changes.

Certain cardiac conditions are thought to be commonly associated with particular mental states. Pericarditis in the young sometimes produces querulousness and neurasthenia. Angina pectoris is occasionally associated with emotionalism and irritability. The cardiac death in diphtheria is peculiar and characteristic. Children who die from cardiac failure in this disease are acutely conscious until the final stupor and may suffer agonies of apprehension and fright. Aortic regurgitation, especially the syphilitic variety, may be associated with impulsive insanity. Carey Coombs finds no support for the view that cardiac disease in itself is responsible for mental disorder, and from his own 2,000 cases found only 10 associated with insanity. The changes in mentality seen in older persons he attributes to the effects of senile changes.
The writer concludes that no explanation from the cardiological point of view can be given why one patient with a serious cardiac lesion is clear in mind while another shows mental symptoms. It is not always possible to postulate cerebral degenerative lesions. The reason more probably lies in the manner in which patients with specific psychological tendencies react to circulatory and other changes. Mitral stenosis and ischaemic necrosis are more likely than other cardiac lesions to produce mental change. Mental symptoms due to faulty cardiac action tend to improve rapidly if the heart can be restored to normal activity.

C. S. R.


Suicide and self-castration and their symbolic expressions seem to be connected or associated with different aspects of the same mechanism and develop in the same setting or background. The surface releasing causes of suicide are often said to be financial, social, or physical difficulties, etc., but in practically every case these are shelter reactions and very superficial ones, as the patient is consciously aware of the more fundamental worry, i.e., the difficulty in the sex life; moreover, he has struggled with this usually for a long period of time before he makes an attack on the ego. In the case of self-castration the attack is made directly against the somatic outpost of the conflict to prevent further conflict and to protect the ideals. In the average case of suicide it would seem that the immediate sexual issue is a failure at the level of heterosexual adjustment, with impotence and a sense of sin and guilt connected with persistent thoughts of the opposite sex in the foreground—in short, the inadequacy reaction; while in the overt castration response the more immediate issues are the masturbation conflict, various homoerotic cravings and conflict over homosexual acts, with their incestuous roots implying sin, perversion, ruination and abnormality of personality. In most instances there are long histories of attempts to maintain the ideals of ego in the desires to make good, in alcoholic, philosophic and religious makeshifts. Then as these compensations fail and regression sets in, there are still greater struggles to retain the ideals. Finally just at the point of complete breaking through of the fixation threatening conscious recognition, the attack on the self occurs. The castration complex is here in full force, the incest sin is expiated and the problem destroyed. When the ego survives, as in self-castration, the elements in the conflict become resymbolized and appear at the higher levels of expression.

C. S. R.