per cent. of other psychotics. Blood culture for tubercle bacilli using the methods of Loewenstein and of Ninni and Bretély was carried out with 31 schizophrenics. In all cases the result was negative. The efficacy of the method used was proved by the positive results obtained with it in 30.5 per cent. of cases of known tuberculous infection in animals. The inoculation of 29 blood, 27 cerebrospinal fluid and two brain samples from schizophrenics into guineapigs, which were subsequently treated with an acetone extract of tubercle bacilli, gave negative results. These results indicate that there is no aetiological connection between schizophrenia and tuberculosis.

C. S. R.

PSYCHOPATHOLOGY


From the study of boys with chronic post-encephalitis who found their way into an institution for juvenile delinquents the following conclusions were reached. The early diagnosis may be made by the detection of changes in posture, tonus, associated movements (synkinesia), and ocular signs. The change in behaviour may occur at any time from a few days to a number of years after the acute attack. The traits exhibited by these children may include every conceivable act, occasional or habitual, and all of the different psychic and emotional states. Their behaviour appears to be impulsive in nature, and of such great intensity as often to overwhelm their resistance. The mentality of the patients is impaired and to a greater degree if the acute attack occurred during the first few years of life. Re-examination, psychologically, suggests that mentality deteriorates in a small proportion of cases. The school work is in keeping with the mental level. Forensic responsibility should be determined by individual study and not by study of the group. Treatment consists of individualization of the programme of training. Specific therapy is not discussed.

C. S. R.


From the examination of 100 schizophrenics, 100 manic-depressives, and 100 normal males, small but significant differences were found anthropometrically. The stature and cranial capacity were both less in the psychotic but there was no departure from the normal in the shape of the psychotic skull. The face was somewhat narrower in the psychotic and this narrowness was most marked in the lower part of it in the schizophrenic type. The manic-depressive had a shorter face and more shield-shaped in outline. The
nose tended to be longer in the psychotic and in the case of the schizophrenie the nose was also narrower, the upper lip shorter, and the ear both shorter and narrower. The proportion of the trunk to the leg was less among manic-depressives and the legs were proportionally longer also in this group. The length of the arm was less in the psychotic and this was most noticeable in the schizophrenics. Increased pelvis width was common among manic-depressives while in both the psychotic groups the shoulders were narrower and the neck shorter.

C. S. R.

[133] The interrelationships of mental disorders and diabetes mellitus.—
WILLIAM C. MENNIGER. Jour. of Ment. Sci., 1935, 81, 332.

Certain fluctuations of a specific type occur with sufficient frequency in diabetic individuals to suggest a descriptive picture of a 'diabetic personality.' Diabetes does not determine the type of frank mental disturbance that may be associated with it, except in a small percentage of cases that may be referred to as toxic psychoses or true 'diabetic psychoses.' Psychological conflicts may be an important aetiological factor in many cases of diabetes and possibly in some instances they may cause the disease, though this is not proved. Gross psychological trauma may initiate diabetes, but the more important unconscious conflicts might conceivably be the cause of the entire picture, even in these cases, and possibly operate in some instances to produce diabetes in the absence of any external event or situation. Mental disorder and diabetes never occur independently in the same patient. They may occur independently at different times, but once associated, they bear a relationship to each other.

C. S. R.

[134] Encephalographic studies in mental disease. A study of 152 cases.—

ENCEPHALGRAMS in the organic psychoses have indicated cerebral pathology by deviations from the normal cerebral architecture. In schizophrenia, manic-depressive psychosis, and epilepsy with psychosis, such deviations have also been shown. In the encephalograms of patients with dementia paralytica and schizophrenia there is a tendency to an individual pattern complex which characterizes the condition. Not infrequently, a mental deterioration is found to be more marked in those patients in whom the encephalograms reveal a selective parietal lobe atrophy. In the various groups of psychoses they have all been abnormal.

C. S. R.

Six cases are described in patients who were either subject to previous deliria or in whom the attacks were isolated phenomena. The theme of the delirium was a denial of death or matrimony or paternity either at the time or retrospectively. Denial of death was a reactive psychosis against a painful incident which by a special affective mechanism was repudiated. Denial of matrimony or paternity was a phantasy of jealousy which systematized itself by a process of criticism and interpretation. This resulted in a falsification of the facts with a final repudiation of them and a gradual lowering of mental level of the whole process. Thus by the time the delirium was established all higher intellectual processes were in abeyance and a purely automatic reaction was all that was left.

R. G. G.


In a study of 148 problem children, the occurrence of definite hallucinations was determined in 25, or 16-9 per cent. All were children having intelligence quotients of 70 or above, and ranged between the ages of 10 and 18 years. The child who is seriously isolated from association with his playmates is the type in whom hallucinations are most frequently present. In the more outgoing type of problem children they are comparatively infrequent, and quite rare among well-adjusted children. The auditory hallucinations have most frequently been characterized by (1) accusations of incest; (2) sex perversions; (3) threatenings; (4) praise unmerited; and (5) promises impossible of realization. The close relationship between hallucinations, dreams and day-dreams is pointed out and reference is made to the importance of a careful technique in eliciting hallucinations from children. If carefully handled the bringing of them out can be utilized in helping the child to solve his conflicts, thereby contributing to his better social adjustment.

C. S. R.


The physiological and emotional aspects of intestinal activity are discussed and it is noted that in the attempt to correlate mental conditions and bowel action with any degree of accuracy it is the assessment of the mental side that is difficult. Apart from the field of common experience, the most likely group
for investigation is that of the psychotics, their mental tone being comparatively well manifest. There are two main mental states apparent as having physical side affects—apart from the emotions. There are those who, as far as possible, fail to react to stimuli, and those who react to stimuli in an exaggerated and disorganized manner. These correspond roughly to the introvert and extravert types respectively, and it is interesting to note that the first shows both a decreased, slow reaction to secretion of adrenaline and a decreased general reaction to adrenaline, whereas the second type shows just the opposite in both cases. In each of the author’s series of patients, a recognizable correlation was present between the state of mind and bowel function. No measurable index was found, but rough degrees were not hard to assess in the individual. A good account of the mental state should make possible an accurate general forecast of bowel function, and where these did not agree in the investigation, organic disease was found to be present. Constipation is always a symptom of either mental or organic aberration, and the attempt is made to show the high percentage of the former, and to draw attention to constipation as an immediate symptom of mental difficulty.

C. S. R.


In the majority of cases, the administration of ethyl alcohol as a 10 per cent. solution intravenously may be accomplished without the subject realizing that he is receiving alcohol. This is of paramount importance in any investigation of the effects in man. By the use of this method, it has been shown that the response to moderate doses of alcohol in normal individuals consists of an increased freedom of conversation, an intensification of the previously existing mood, and a tendency to drowsiness. The psychoneurotic group showed an exaggerated garrulity, a tendency to excessive emotional outbursts, and a multiplication of symptoms. Many showed improved rapport with the physician, and were rendered more accessible to psychotherapy, especially direct suggestion. The schizophrenics, on the contrary, retired farther from reality, becoming antagonistic, mute, and negativistic in varying degree.

C. S. R.


The varied symptomatology of acute alcoholic intoxication depends upon the interplay of two main factors: the pharmacological action of alcohol on the
several physiological systems, and the personality of the intoxicated individual with its constitutional and acquired components. The pharmacological action may be modified by the dose of the alcohol, the nature of the beverage and the physiological state of the organism, but is ultimately dependent upon the concentration of alcohol in the tissues. The study of the elements contributed by the personality to the clinical picture of drunkenness has been neglected but offers a promising field for investigation.

C. S. R.


In the past 14 months 455 sedimentation tests were performed on a series of 60 patients who were sent to the tuberculosis pavilion for diagnosis or treatment. It was found that this test was a better index of tuberculous activity than temperature, pulse, or gain in weight. Together with X-ray the sedimentation rate furnishes the best means of following the progress of a tuberculous psychotic patient, especially of the deteriorated type.

C. S. R.


The distribution of calcium between blood and cerebrospinal fluid was investigated in 400 cases of mental disorder. Five hundred and twenty-three determinations of the ratio of blood to spinal fluid calcium were made. In addition, 480 determinations of the distribution ratio of bromide and 347 determinations of the protein content of the cerebrospinal fluid were performed on parts of the same specimens that were used for calcium determinations. In the schizophrenic group 29 per cent. of the calcium ratios were above 2·2 and 3 per cent. were below 1·8. In neurosyphilis 8 per cent. of the calcium ratios were above 2·2 and 12·5 per cent. were below 1·8. Low ratios occurred with greatest frequency in untreated patients with general paresis. The other groups showed a smaller proportion of abnormal results without any striking preponderance of increased or decreased values. The results were suggestive of a tendency towards decreased permeability of the blood-cerebrospinal fluid barrier in schizophrenia and increased permeability in untreated patients with general paresis. There was a general correlation between the distribution ratios of calcium and bromide in schizophrenia, affective psychoses and untreated neurosyphilis. In the individual cases this correlation was lacking.

C. S. R.
A man of 42 began to suffer from a general neurotic disturbance, and after seven months developed definite mental symptoms, viz. depression with suicidal tendency. Motor weakness on the left side of the body combined with a sensation of pins and needles was then detected and the plantar reflex was extensor on both sides.

Three months later the patient was much worse; all the small muscles were atrophied in both hands but sensation was normal for every test. The cerebrospinal fluid showed no abnormality. The patient was now completely insane and suffered from delusions. Some weeks later the ocular movements were impaired, the pupillary reaction to light and convergence practically absent, the seventh nerve was paretic on the left side, speech was very indistinct, and the knee jerk diminished on the left side. On electrical examination incomplete reaction of degeneration was found in the small muscles of the hands. The patient died a few months later.

The mental symptoms seemed to favour a diagnosis of disseminated sclerosis at the onset; later a diagnosis of amyotrophic lateral sclerosis had to be considered. The affection of the ocular muscles further complicated the diagnosis.

Diffuse affection of the cells in the brain was detected in this case on microscopical examination; the larger cells were more damaged than the smaller ones. In certain parts of the brain the involvement was more severe than in others. The nerve fibres in the brain were also affected, but systemic degeneration was not seen anywhere. Alterations in the neuroglia and the meninges were observed; probably the brain cortex was first affected. It has to be assumed that an inflammation of an unknown nature had spread by way of the blood stream. It would appear that these cases constitute a type of disease not previously regarded as a clinical entity.

M.

PROGNOSIS AND TREATMENT

A synthetic preparation of haematoporphyrin was used intramuscularly and orally in 10 women patients with dementia praecox and 10 involution melancholia patients of the same sex. None of the dementia praecox group showed any signs of improvement. The catatonics became more negativistic and the paranoid patients more delusional, some of them having utilized the