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
treatment procedure in their delusional formations. One of the melancholia patients improved considerably. Three others showed a mild transitory improvement and the other six remained unchanged. Slight variations in weight were noted after treatment in both the praecox and involutional cases. There was a tendency to low basal metabolism value prior to treatment in the dementia praecox group. Insignificant changes were noted in the oxygen consumption rate during and at the end of treatment in both groups. There was a larger number of cases with relatively low blood counts prior to the institution of treatment in the melancholic group as compared to the dementia praecox group. Improvement in the blood picture at the end of treatment was noted in the involutional melancholia patients.

C. S. R.

[144] Treatment of schizophrenia with prolonged narcosis.—Paul Hock.
Psychiatric Quarterly, 1935, 9, 386.

On the basis of his experience the author outlines the following indications for prolonged narcosis in this psychosis. All acute schizophrenics with excitement, depression or apprehension, are suitable cases, the most favourable results being obtained in cases of acute catatonic excitement. Less favourable results are observed in stuporous cases and in mute, manneristic catatonias with stereotypies and other psychomotor phenomena. Quiet, self-absorbed catatonics are also suitable to lessen the autism and diminish the negativism. The procedure employed is preliminary to a psychotherapeutic approach. Chronic or slowly developing forms of catatonics are not much influenced by prolonged narcosis. No beneficial results were observed in cases of dementia simplex or in schizophrenics accompanied with mental deficiency unless episodes of excitement or depression were present. The treatment is used primarily to control the excitements: no effect upon the psychosis per se can be expected. Quiet, paranoid schizophrenics are not influenced. Cases where the psychosis was precipitated by an actual conflict in the environment respond most favourably to the treatment. Better results are obtained when certain psychotherapeutic measures are employed after completing the narcosis. Occupational therapy should be immediately used where it is practicable. In three different groups in the author's clinic, scopolamin-luminal, avertin-luminal, and pernocton-luminal were the narcotics respectively used.

C. S. R.