PSYCHOPATHOLOGY


With the aim of estimating the protein equilibrium in some groups of mental disease, the author has carried out the estimation of tryptophane in the plasma where it furnishes an indirect index of the albumin-globulin ratio.

In amnientia and above all in paresis he has found an increase in blood tryptophane, and in regard to the latter he believes that it may be referred to a particular state of lability in the equilibrium of the serum proteins. The increase in tryptophane is not in agreement with the degree of severity of the disease or with the confusional picture which accompanied it.

In senile dementia, especially when accompanied by cerebral or diffuse arteriosclerosis, a conspicuous increase in blood tryptophane was noted.

In other groups of mental disease (dementia praecox, epilepsy, brain disease, alcoholism, etc.) the blood tryptophane is normal or shows slight oscillations such as occur in healthy people.

R. G. G.

PROGNOSIS AND TREATMENT


Fifty cases of women over forty admitted to the Maudsley Hospital were selected at random for this study. The various factors involved are discussed at some length. The general conclusion emerging is that the prognosis of such depressions is poor. Roughly a third of the total made recoveries which could be regarded as complete in a reasonable space of time, and roughly another third could be called partially recovered, i.e. able to do a little housework or attend to simple routine tasks, but still showing symptoms and still under treatment. The remainder were either in mental hospitals or dead. The opinion of other authors as to the general prognosis of the later life depressions is here confirmed.

C. S. R.


Thirty cases which were undiagnosed because of the even mixture of schizophrenic and manic-depressive features were studied from the standpoint
of prognosis, each case being followed up for at least four years following admission. Of these cases 36.7 per cent. recovered and remained well, 20 per cent. recovered and had one recurrence followed by recovery, 10 per cent. recovered but had two or more recurrences, and 33.3 per cent. were unrecovered, never having a remission, for the most part going on to definite schizophrenia. The recovery rate is therefore roughly twice as good as it is said to be in schizophrenia, and from 25-50 per cent. poorer than that found in pure manic-depressive psychosis. The outstanding factors common to the group as a whole were early age of onset, neuropathic heredity, mixed cycloid and schizoid personality traits, a rather high incidence of somatic factors, a serious precipitating factor in over half, and a high incidence of persecutory trend, somatic preoccupation and hallucinations. The recovered group was particularly characterized by a worse heredity than the unrecovered, more specific schizoid traits in the prepsychotic personality, but a better total personality adjustment, relief of the precipitating situation in the majority of cases, a manic or mixed type of reaction, adequacy and appropriateness of the affect, and confusion in the majority. The unrecovered group was specially marked by a predominantly introverted, unsuccessful prepsychotic personality, lack of any relief from the precipitating situation, a depressive reaction in the majority, an affect that was inadequate and inappropriate in over half, and a clear sensorium in the majority.

C. S. R.


Narco-analysis is an eclectic technique based on the observation that a combination of narcosis with psychotherapy is quicker and sometimes more effective than the formal methods of analytical psychology. Some tentative conclusions are based on the experimental investigation of some 200 varied cases. In view of recent criticisms of certain methods of narcosis, it was satisfactory to note that in the whole series toxic phenomena were uncommon, transient and, except in two cases, trivial. The technique is now employed in the routine investigation of every suitable case admitted to the Dorset Mental Hospital, and is also used in selected cases of psychoneuroses at the hospital's out-patient clinics. The therapeutic results are encouraging. Hypnosis and narcosis have been used independently, but the technique described here appears to constitute a real advance. On the one hand, it is no longer necessary to dismiss hypnosis as a procedure impracticable to 60 per cent. of patients and 99 per cent. of doctors, and the field of psychotherapy is thereby considerably widened. On the other hand, it is no longer necessary to exhibit enormous toxic doses of sedative drugs to induce a reasonable degree of sleep. And, finally, narco-analysis offers a
practical substitute for the economically unavailable, if desirable, method of psycho-analysis.

C. S. R.


This is a review of 133 cases treated in this way in the Cardiff City Mental Hospital. The details of the procedure carried out are given and the contra-indications to such treatment specified. These latter are said to be arteriosclerosis, myocardial degeneration, respiratory disorders and toxic and exhaustive conditions from whatever cause. It has never been used in cases of acute delirious mania or in any case where the psychosis has reduced the patient to an exhausted state on admission. Tachycardia, ketonuria, vomiting, and pyrexia are indications for stopping the treatment. It is concluded that, roughly speaking, attacks of manic-depressive psychoses can be cut short in 30 per cent. of cases within a period of two to three weeks. Such being the case, prolonged narcosis has justified itself as a form of therapy in this form of mental disorder.

C. S. R.


For some years cases of schizophrenia have been treated by injections of insulin in sufficient amount to produce hypoglycaemic shock. The results appear to be better in recent cases of schizophrenia than in older cases although occasional good results are obtained in the latter. In the opinion of the authors of this paper the treatment is consequently worthy of trial in all cases. Hitherto no method existed to influence the course in a case of schizophrenia. It will be of interest to learn later how far others obtain the same good results with the use of this method.

M.


From the study of 20 female cases of mania admitted to the Warwick County Mental Hospital it was found that the eradication of any focal sepsis was in no way remedial. It is suggested that cases of mania complicated by confusion do well on sedatives, such as medinal, eliminative measures and
attention to the general health—in other words, if the toxic element is treated the mania can be left to itself. The results from treatment by prolonged narcosis were sufficiently favourable to warrant much further trial.

C. S. R.


The effect of benzedrine lasts generally only a few hours, the total effect, including the disturbance of sleep, not longer than 24 hours. Continuous administration of subliminal doses, i.e. such amounts as have no noticeable effect on the blood pressure, seems to be without therapeutic effect as far as experience goes. Doses which raise the blood pressure considerably can be given for a longer period only with all precautions to a specially selected group of patients. Therefore it will take a considerable time until sufficient material can be collected to judge the therapeutic results. The present significance of benzedrine in the therapy of manic-depressive insanity seems to be best formulated in an utterance of a colleague: ‘It is a relief to hear such a patient say he feels better, instead of hearing his daily complaints.’

C. S. R.


Though only 30 patients were observed, this study gives some indication of the action of benzedrine on self-absorbed psychotic patients. While it is impossible to disregard the purely psychic effect of the administration of the drug or the adjuvant psychotherapeutic efforts in determining its value, the following features were noted. (1) In no case did benzedrine profoundly alter the structure of the psychosis, although it did accelerate a definite symptomatic improvement in six cases. Of the 22 catatronics, only three showed noteworthy improvement from the standpoint of eligibility for parole. This may be said to differ only slightly, or not at all, from the improvement noted in the ordinary spontaneous fluctuations and remissions observed in the course of catatonic states. (2) It did not alter the total personality reaction in any case. (8) It increased motor activity in 15 cases. Six of the 11 catatons showed improvement in the sphere of muscular control. (4) It increased speech response in 13 cases. Three of the six mute patients began to talk. (5) It had much less effect on the mood, except in the organic cases. Only seven showed improvement in this phase and only three showed it markedly. (6) Improved general efficiency and better contact were noted in 13 cases. (7) Asthenics, patients with vasomotor instability, alcoholics
and organic patients in general, reacted more favourably and were more sensitive to the drug.

C. S. R.


Synthetic haematoporphyrin hydrochloride when injected into experimental animals (white rat and frog) produces photosensitization and motor activation with evidences of skin irritation. When injected in test doses intradermally in human beings it produces marked local photosensitization and residual pigmentation after exposure to sunlight. The changes in body metabolism and blood chemistry of 12 patients do not seem to be significant. When administered either orally or intramuscularly or by both techniques to psychotic patients it seems to produce activation, in some cases mental stimulation and in others general somatic improvement. In 55 cases of affective reactions treated 36·4 per cent. showed marked sustained improvement, 18·2 per cent. moderate clinical improvement, 18·2 per cent. general physical improvement but no change in the course of the psychosis, while 27·2 per cent. were not benefited. The activation in some instances cannot be regarded as a good therapeutic result. The specific effects of its photosensitizing power seem to be made evident in the sensitization of the skin to sunlight and in at least one case of photophobia.

C. S. R.


A method of prolonged narcosis by the use of sodium salts of phenobarbital and barbital orally administered is given and certain precautions and contraindications are outlined. All the patients were treated in psychopathic hospitals, and this method is not recommended for use in general hospitals or private homes. Several theories as to the underlying cause for improvement are suggested. The experience of these authors indicates that the group responding most favourably is the manic-depressive in the manic phase. Next in satisfactory response is the depressed phase. In all those with favourable responses it is felt that the duration of the psychosis and the necessary period of stay in hospital have been reduced by 25–50 per cent. It is believed that this method of treatment, if carried out under proper conditions, is within the limits of reasonable safety, and that the added comfort, the easier management of the acute psychosis, and the shortened stay in hospital, justify further usage, which will more clearly determine the value and the limitation of the method.

C. S. R.

The treatment of manic attacks by acetylcholine and ephedrine seems to this writer superior to other forms of treatment, but it must be conducted conscientiously, regularly and individually according to the case. In any case, he states, it can be maintained that (1) the treatment is not dangerous, (2) it does not prolong the attacks, (3) it rather seems to shorten them, probably to one-third of the usual time, if begun early in the phase.

C. S. R.


Delirium tremens is regarded as a disease of obscure aetiology and the concept of 'abstinence delirium' is shown to be erroneous and misleading. Its pathology consists essentially of acute cerebral oedema and a consequent intracranial pressure. The latter persists throughout the delirium. A rational procedure in its treatment consists of cerebral dehydration by spinal drainage and by a brief period of water restriction combined with administration of hypertonic solutions intravenously and by mouth. The results of this have been uniformly good.

C. S. R.


Morphine or other opiate is suddenly cut off and high doses of insulin, with food and luminal, are substituted, according to the recommendations of Sakel. This treatment has definite effects on metabolism, but the exact biochemical action is not fully known as yet. With the biochemical changes under insulin there goes a strong craving for food, which takes the place of the previous craving for drugs. The craving is satisfied by food which is gradually accepted consciously by the patient as a symbol for health. The attempt is then made by conscious steps to convert the desire for food into a desire to take part in the life of the community.

R. G. G.


Six patients suffering from acute attacks of anxiety were treated with daily injections of carbaminoylcholine for a fortnight. Their clinical status was
measured as accurately as possible by subjective and objective observations before and after treatment. The evidences of sympathetic overactivity found before treatment were, to a large extent, counteracted by stimulation of the parasympathetic nervous system. Relief from the psychic and somatic symptoms of anxiety resulted in all cases, but following the withdrawal of the drug they tended to relapse.

C. S. R.


Attention is called to the fact that facilities for private treatment of psychiatric cases at the present time are limited, and to some of the shortcomings of present facilities for psychiatric treatment. Few persons can afford the services of a private psychiatrist.

The group treatment of psychiatric patients has certain special advantages over individual treatment, particularly in providing a therapeutic compulsion; a helpful transference which is easily broken; resistances of patients are more easily overcome; enthusiasms are engendered which are not so prominent in private treatment; and the impersonality of the situation makes the patient more amenable to treatment.

The author's experience with the group treatment of psychiatric patients is described. It is believed that the plan, as described, is superior to the psychiatric or mental hygiene clinic, and would enable the physician, with present facilities, to handle a great many more patients. Emphasis is placed on the belief that patients should be regarded rather as students than patients, and the process should be an educational rather than a medical procedure.

R. G. G.


An estimation has been made of the proportion of temporary patients to total admissions which might be expected in a public mental hospital. In male admissions the proportion is found to be 11 per cent., in female admissions 18 per cent., and in the total admissions 15 per cent. It is suggested that the period of 28 days allowed by law for the detention of a temporary patient who has become volitional is, from a medical point of view, too short. Only 10 per cent. of patients, in a series of 411 who were non-volitional on admission, were considered fit for discharge four weeks after the recovery of volition.

C. S. R.

As a result of the author's investigations it is concluded that it is impossible to differentiate between the dementia praecox and manic-depressive psychoses by the contrasted use of sodium amytal and sodium rhodanate. Sodium rhodanate in the dosage used was found of no therapeutic value in mental disease. The ideas of Bancroft and his co-workers relative to mental disease and the methods of treating it did not prove to be of any value when the experimental method was applied to them. They are therefore untenable.

C. S. R.


It is pointed out that spasmodic torticollis can seldom be proved to be due to organic causes except in the case of general torsion spasm following encephalitis. There is no doubt that in a number of cases the origin is almost entirely psychogenic. A case is described in which psychotherapy was successful in cure, and it is pointed out that although this may be a long process it is no longer than other treatment usually employed for this resistive condition.

R. G. G.


The use of sodium amytal for the induction of sleep in psychotic patients is here discussed. Fifty-eight cases were treated 73 times. Several were treated as controls with amytal and barbital, but neither of these drugs was found to be as effective or as little toxic as sodium amytal. Although it was apt to produce toxic manifestations, in only one case were these sufficiently severe to warrant discontinuation. There is no correlation between the number of treatments and the toxic manifestations. No direct relation was found between age and response to treatment. Reaction and response to the drug depend on individual constitution and are independent of quantity consumed and duration of sleep. There were no fatalities. Patients tend to react differently on certain days, and the days on which they react most favourably should be used for intensive psychotherapy; the latter seems to be essential for favourable results. Every form of psychosis except perhaps that of paranoid schizophrenia should be given a trial. It is suggested that recovery does not depend on the depth of narcosis nor the duration of sleep, but on the twilight state which enables the physician to use psychotherapy effectively.

C. S. R.
PROGNOSIS AND TREATMENT

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