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of sex feeling becomes a threat to the individual. The nature of the tremor
varies according to the level of diminished control. Loss of cortical control
produces a fine tremor, whereas coarse tremors are due to loss of striate
control. The author suggests that irregularity in the suprarenal secretion is
responsible for the inhibition of cortical control with the development of the
thalamic-striate short-circuit. The Freudian conflict may be dependent on
this excessive secretion. The administration of glandular extracts is bound
to be a hit-or-miss process. Treatment aims at a restoration of full cortical
control. Rest may be effective in the fatigue tremor of the pure neurasthenic.
Re-education in relaxation exercises may suffice for the tremor due to
inco-ordinated muscles, and fear of tremor. If endopsychic conflict exists,
suggestion, analysis and resynthesis are necessary. Endocrine therapy may
be a useful adjuvant in re-establishing cortical function.

ROBERT M. RIGGALL.

PSYCHOSES.

[178] Is dementia a definite clinical entity?—GEORGE M. ROBERTSON.
Jour. of Ment. Sci., 1924, lxx, 539.

KRAEPELIN's definition of dementia praecox is vague, and indeed a diagnosis
is seldom, if ever, made from the presence of the phenomena therein set out,
viz., a weakening of the functions of feeling, acting and thinking, with, in the
end, a disruption of the personality and an unfitness for social life. Great
importance is placed on the terminal dementia; Kraepelin only grudgingly
admitted that some cases did recover. The large number of subdivisions
cast doubt on the unity of the disease on the one hand, but on the other they
pass one into the other by insensible gradations, so that their utility is doubtful.
The limitations of dementia praecox are also indefinite. It is often difficult
to differentiate paraphrenia, some forms of manic-depressive insanity and
chronic confusional insanity.

Views on etiology and pathology show the greatest divergence of opinion.
Kraepelin himself thought that the disease had some connection with the
secretions from the reproductive glands. Toxaemia of organismal origin has
also been blamed, and there are those who favour a purely psychogenic
origin. Sir Frederick Mott has described definite pathological changes in the
reproductive glands, and Alzheimer has described extensive changes in the
cerebral cortex.

These observations encourage the idea that dementia praecox is not one
disorder, but many. On the other hand, there are good reasons for believing
that the different forms of insanity tend to merge one into the other, depend-
ing, as their symptoms do, on the total action of many agents in varying
combinations.

Whether dementia praecox is a definite entity or not, Kraepelin has
rendered service to psychiatry by giving an accurate and minutely detailed
description of the symptoms that are associated with unfavourable types of
mental disorder. He has assisted materially in arriving at a prognosis. The
practice which the author has followed for many years is to give a favourable
prognosis in cases of typical manic-depressive insanity, and an unfavourable,
but not hopeless, prognosis in typical cases of dementia praecox. In the intermediate cases the prognosis has inclined to the favourable or to the unfavourable side, depending upon whether the symptoms of manic-depressive insanity or dementia praecox preponderated and the proportion to which they did.

D. M.


Observations are reported on 107 patients with recovery from two or more attacks. Masculine pubic hair and mammary hair occurred with much less frequency in these patients than in those with dementia praecox, and with only a slightly greater frequency than in non-psychotic pregnant women. In certain cases a close relation was found to exist between the character and adequacy of the previous sexual behaviour, the age of onset of the psychosis, and the occurrence of these masculine types of hair growth.

Correlation of these three factors with the clinical picture on admission and the subsequent course after months or years in the hospital, and comparison with similar observations in dementia praecox, seems to warrant the following conclusion: That in female patients with psychotic reactions having certain benign aspects, usually resembling manic excitement, a history of inadequate or peculiar sexual behaviour, and often of illicit intercourse, together with early onset of the psychosis and the presence of masculine hair, indicates a malignant process and unfavourable outcome. Many such patients fail to recover from the first or second attack, and the disease follows a malignant course which cannot be differentiated from dementia praecox. Others follow an atypical course, with prolonged attacks and final chronicity, without very marked deterioration. Three illustrative cases are reported. The biological significance of these findings is discussed. Statistics on the number of attacks of manic-depressive psychosis are misleading when recovery from the first and subsequent attacks is not shown.

C. S. R.


The author returns to the study of his ‘zolle,’ and gives a comprehensive review of his work on this subject and the discovery of these lesions in various types of chronic nervous disease. He describes the findings in a case of catatonic dementia praecox and draws attention to the frequency of such lesions in this disease in the neural tracts and subcortical regions.

R. G. Gordon.

This subject has caused much discussion among psychiatrists since Cotton’s communication in 1922. Cotton claimed that over 80 per cent. of cases suffering from the functional psychoses (manic-depressive insanity, dementia praecox, paranoid conditions and the psychoneuroses) recovered or improved through the removal of infected or impacted teeth, diseased tonsils, the amputation of infected uterine cervices, and the resection of inert or extremely constipated colons.

Kopeloff and Kirby carried out a series of investigations based on Cotton’s work. The cases investigated were divided into cases operated upon, and control cases. All were thoroughly investigated with the aid of competent specialists, and kept under observation for at least two years. The investigation seems to have been carried out with scientific care and accuracy, and includes the observations of oto-laryngologists, gynaecologists, dentists, radiologists and medical psychologists. The report is already too condensed to permit of further abstraction. The author’s conclusions are interesting and are somewhat as follows:

Cotton’s claims are not confirmed. The cases where no operative treatment was carried out did as well as those operated upon. The removal of septic foci did not result in the quick amelioration of mental symptoms as claimed by Cotton.

It is agreed that it is desirable to eliminate focal infection when present in psychotic cases, but the benefit resulting from colon resection and the amputation of uterine cervices is extremely doubtful, and not worth the risk when the same results can be obtained by simpler methods.

It has not been shown that focal infection is the etiological factor in the functional psychoses.

A review of current opinion of American and Canadian psychiatrists supports the findings of Kopeloff and Kirby.

D. M.

[182] Insulin and mental depression.—David M. Cowie, John P. Parsons, and Theophile Raphael. Arch. of Neurol. and Psychiat., 1924, xii, 522.

These writers investigate the utilization of glucose in six cases of manic-depressive psychosis, and give in detail, with tables and charts, their findings during the depressive phases. During the depression there is delayed utilization of glucose comparable to that in diabetes mellitus, while in the agitational phase the glucose utilization curve is flat, or has a tendency to fall below that of a normal person, seeming to indicate an increased utilization of glucose.

They draw the following conclusions from their investigations:

1. The characteristic glucose utilization curve of the depressed phase in manic-depressive psychosis is made to conform to that of a normal person.
or is completely flattened out, or is made to approximate to that of the agitational phase, by the subcutaneous injection of insulin.

2. The amount of insulin necessary to accomplish this varies with the clinical status of the patient.

3. There seems to be evidence that the degree of depression may be measured by the amount of insulin necessary to bring the glucose utilization curve to that of a normal person.

4. The amount of insulin necessary to bring the curve to normal is a measure of the factors opposing the utilization of the glucose.

E. Rivington.

[183] The prognostic value of arterial hypertension in the psychoses of later life.—Donald Gregg. Arch. of Neurol. and Psychiat., 1924, xii, 586.

This writer has studied the blood pressure of a small group (twenty-seven) of psychotic patients over forty years of age. Dividing them into two groups, recovering and non-recovering, he averages the ages and blood pressures of the two classes, and compares the resulting figures. Among the recovering cases, the blood pressure of the males is higher than that of the females, as is found among normal persons, while the reverse is the case in the second group. So far as the evidence presented is concerned, it seems that the prognosis of the psychoses of the later years is poor if hypertension is present to complicate the situation, but good if hypertension is not found.

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There is no essential change from figures given by controls in the various nitrogenous constituents of the blood taken from hysterical, psychoneurotic, manic, or paranoid cases that can be determined by careful examination. In the depressed groups represented by manic-depressive states, simple and deteriorating praecox cases, and involution melancholias, there is an appreciable increase in the percentage of undetermined nitrogen. In the last two of these groups there is also a decrease in the percentage of creatine nitrogen. The results would appear to offer some support for the view that toxic amines may be present in the circulation of markedly depressed patients. The change of creatine may be considered as related to the physical condition of the patient and not directly associated with his mental status. Indirectly there may be a connection in so far as the mental attitude of the patient influences the muscular tone. The amount of creatine present in the blood may be assumed to be a function of the muscular tone of the individual.

C. S. R.

[185] Results of basal metabolism tests in one hundred mental cases.—Clifford B. Farr. Arch. of Neurol. and Psychiat., 1924, xii, 518.

By means of charts, with a brief explanation, this article presents the basal metabolism findings of a hundred mental cases as percentages of the normal,