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.

E. Rivington.

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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,
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and shows, in addition, the distribution of these findings in the various psychoses. The findings suggest, in the author's opinion, some endocrine imbalance in dementia praecox, and while the estimations reported have not, so far, proved very informing, he thinks they should be continued as a guide to experimental endocrine therapy.

E. RIVINGTON.


The author rightly lays stress on the importance of that residual syndrome of encephalitis in which changes of character occur. He points out how often the change is met with quite independently of intellectual impairment. He regards the delinquencies that result as direct expressions of instinctive impulses. He believes that in the man these impulses depend on arcs involving the thalamus-corpus striatum level. It is known that the chief incidence of the infective process is in the region of the basal ganglia and walls of the third and lateral ventricles. This might well interfere with the connections between the basal ganglia and the cortex, and these character changes may therefore be regarded as release phenomena, the instinctive impulses being allowed free expression since normal cortical control is abolished. The prognosis is not good, though the affected children may be improved and restrained to a certain extent by ordinary institutional methods.

R. G. GORDON.

TREATMENT.


Some interpretative formulae for modifications of behaviour which attend old age are presented, and for the purpose five illustrative cases are selected. The first case represents the compensation type and is that of an arteriosclerotic, sixty-two years of age, who showed evidence of incompetence two years before he sustained a slight injury which resulted in total incapacity and a compensation claim. The accident, chiefly by instinct of self-preservation, is made the causative crucial point of departure from the level of efficiency. The libido situation is not discussed. The second case is one of exhibitionism in a man of seventy. Such cases show compulsive factors dating from early childhood and their conduct is not wittily vicious but unconsciously compelling. The third case is that of a recovering hemiplegia and aphasia in a man over seventy, who showed increasing irritability, increased blood pressure, violent outbursts and sexual impotence. That which was playing on the erotism was an old daughter-complex component. The writer urges psychoanalysis in straightening out this type as a helpful adjunct to or substitution for dietetic and drug treatment. The case of a spinster, fifty-five years of age, who presented an anal-erotic sadistic wish and who after four years’ treatment became practically well, suggests that a