ABSTRACTS

PSYCHOSES.


The association of one or other type of psychosis with malarial infection has been frequently observed. Pasmanik found 106 cases of psychosis in 5,412 cases of the disease, that is, in 2 per cent. Careful analysis of the author's abundant material from the Caspian Sea area leads him to distinguish three clinical groups: (1) symptoms of the usual toxic psychosis class may supervene in a primary fashion at the outset or at the height of the actual malarial infection; (2) similar manifestations may develop secondarily as the somatic infection is diminishing or passing to a chronic stage; (3) in an accessory group the infection is apparently the starting-point of mental disorder of this or that type, not belonging specifically to the class of toxic psychosis. It should be noted, further, that, as in any toxig-infective state, the actual somatic symptoms may be ushered in by transient symptoms of the psychical series (mental malaise, depression, anxiety, irritability, apathy, lethargy, etc.).

Professor Perelmann is unable to say that there is a malarial psychosis, as such; he considers, however, that the clinical picture of toxic psychosis as seen in malarial cases is likely to exhibit the following special features: (1) relative conservation of perception and apperception in spite of mental obnubilation; (2) considerable reduction of active attention and of memory together, whereas in syndromes of the Korsakoff variety the two seem to be independent of each other; (3) the reasoning powers are unaffected, unless mental confusion is pronounced; (4) hallucinations, which are common, occur as a rule in a voluminous way, are apt to be unchanging, and resemble the phenomena of dreamy states.

J. S. P.


This study is based on the examination of some thirty-one cases of the disease, observed during a period of three years. In eighteen of these no apparent mental symptoms were noted, the disease running its course with neither affective nor intellectual disorder. In two instances some emotional dysfunction was present. In ten cases mental symptoms of a sufficiently definite character developed, consisting in an affective disturbance at the outset (depression, anxiety, chagrin, obsessional states with despondency). This melancholiaic syndrome, such as it is, is not continuous, but is prone to be interrupted by periods of euphoric excitement, the whole amounting in some cases practically to a manic-depressive psychosis. Thereafter a time of indifference may ensue, premonitory of the development of an actual mental enfeeblement. This, in turn, eventually degenerates into an organic dementia of a global kind, such as is encountered in general paralysis and senile dementia. Episodic incidents of another class (stereotypies, visual and
auditory hallucinations, confabulation and paramnesia, etc.) are occasionally met with.

A number of clinical illustrations are appended. Cases of this kind have occasionally been reported, and the systematic investigation of a nervous disease so definite as amyotrophic lateral sclerosis for accompanying mental symptoms is likely to prove instructive. The author provides a readable discussion on the significance of the psychical disorders and on the desirability of more painstaking neuropathological examination in cases of this kind.

J. S. P.


A long review of mental diseases associated with tubercular infection, in which the author concludes that tuberculosis is not an accidental accompaniment but has a causal relationship to the mental condition.

R. G. GORDON.


The writer gives his conclusions as follows: (1) Postoperative psychosis is a true, separate, clinical entity; (2) as to its pathogenesis, what may be called a mild drug habit plays an important rôle; (8) in such cases strychnine is almost a specific; (4) before submitting a patient to a surgical operation, we should make inquiries about his habits, habit-forming drugs, coffee, tea, alcohol, tobacco and special foodstuffs, and give whatever the patient is accustomed to; (5) the habits, bad or good, of the patient should be restored as soon as possible after the operation; (6) since he has followed this plan, the author has been fortunate in preventing psychosis as serious as those reported in this paper.

E. B. G. R.


The relative prevalence of alcoholic patients in the several states is of special interest on account of the laws restricting traffic in intoxicating liquors which went into effect during the war period, and were made more rigid in 1920. The average general rate per 100,000 of population of resident patients with alcoholic psychoses was 7·0. The rate for New England—22·5—was much higher than that for any of the other geographic divisions of the country. Marked differences are noted in the rates of the several New England states, the rate for Maine being 7·4, for New Hampshire 21·0, for Vermont 2·8, for Massachusetts 27·8, for Rhode Island 14·7, and for Connecticut 25·1. Other states having a rate of resident alcoholic patients above 10·0 were New York with 10·7, New Jersey with 13·7, Minnesota with 17·3, and California with 12·8. The states that had a rate of less than 1·0 per 100,000 in the alcoholic group were North Dakota, South Dakota, West Virginia, North Carolina, South Carolina, Georgia, Tennessee, Alabama, Mississippi, Arkansas, and Texas.

C. S. R.

Following the theory of nervous development put forward by Head and Rivers, the author here presents a hypothetical explanation of the psychic sequelæ of some cases of encephalitis lethargica. In the Head and Rivers theory the more recently acquired epicritic processes control the more primitive protopathic processes. Post-mortem examination of cases of encephalitis lethargica shows that the grey matter in the brain as a whole is involved, the basal ganglia and the midbrain being the chief sufferers. In juvenile delinquency the basic causal factor is a regression to an earlier period of development, that is, a suppression of the more recently acquired epicritic control. The behaviour of some postencephalitic cases is remarkably similar to that of the juvenile delinquent. It would appear that, whatever their exact histological character, the lesions in some cases of encephalitis lethargica lead to a reduction of epicritic control and consequent childish behaviour.

David Matthew.


In the writers’ experience the most common psychotic characteristic of epidemic encephalitis has been disturbance in the emotional field, permanent defects in the strictly intellectual sphere being rare. The changes observed appear as alteration in mood and affect, thus influencing character and behaviour.

The affect shows a variation from a mild hypomania to noisy excitement on the one side, and a light depression to that of extreme depth with suicidal impulses on the other. While there appears to be no definite relationship between the nature of the symptoms of the acute stage of the disease and subsequent manifestations, it is a striking fact that, in many cases in which psychotic symptoms appeared later, there was a history of psychic deviation for a long period preceding the acute constitutional symptoms.

An attack of encephalitis does not seem to modify materially the psychic condition of institutional mental cases. Tacquin, for instance, found that encephalitis caused no mental complication of any kind in a patient suffering frequent periodic manic-depressive attacks, and Lugre observed a patient showing negativism, stereotypy, etc., on whose mental condition an attack of epidemic encephalitis had not the slightest influence. In the true Parkinsonian syndrome, even though the patient is physically helpless, he nevertheless retains his morale and his spiritual personality. This is in contrast to the post-encephalitic patients who may be far less physically restricted. Indeed, many of the patients in their behaviour resemble the dementia praecox type, and much confusion has arisen because of the apparent identity in symptomatology at times observed in the psychomotor disorder of catatonic dementia praecox and that of Parkinsonian lethargy.

The paper concludes with an attempt to establish different types in children on the basis of their psychic manifestations.

R. M. S.
The influence of menstruation on psychotic symptoms (De l'influence de la menstruation sur les symptomes des psychoses).—A. Répond. L'Encéphale, 1925, xx, 713.

It is a text-book commonplace that an increase, qualitative or quantitative, or both, of the symptoms of existing psychoses takes place in relation to the monthly period (Bleuler, Kraepelin, and many more). Dissatisfied with the usual statements, the author undertook the examination of some 102 cases of mental disease in the female sex, in fifty-six of which notes were taken systematically over periods extending from six months to three years. Among the clinical types may be mentioned catatonia (sixty-nine cases), hebephrenia (ten), paranoia (five), cyclothymia (four), epilepsy (four), imbecility with times of excitement (six).

The general conclusion is reached that in no single instance was any regularly discoverable augmentation of psychotic symptoms noted in connexion with the catamenia. Any association is no more than accidental, such as is bound to occur in some cases when patients are observed over a long time.

J. S. P.


Two cases are given, one of injury in a railway accident, and the other of an attempted suicide. The history and observation notes of the cases show, in the authors’ view, that the superficial character of the psychosis following these injuries was akin to the Korsakow syndrome, that is, together with a disorientation in place and time, there was some dementia. At first both cases had periods of unconsciousness followed by restlessness, and inability to grasp the immediate situation. Later there emerged a psychological structure which revealed something more than the psychosis of Korsakow. There was a definite attitude towards the trauma—a ‘desire for health,’ and the complexes of the psyche in each case were to some extent revealed.

E. Miller.

Pleasure and deterioration from narcotic addiction.—Lawrence Kelb. Mental Hygiene, 1925, ix, 699.

Opiates apparently do not produce mental pleasure in stable persons, except a slight pleasure brought about in some cases by the reflex from relief of acute pain. In most unstable persons opiates produce mental pleasure during the early period of addiction. The degree of pleasure seems to depend upon the degree of instability. A large number of addicts experience a pleasurable physical thrill following injection of morphine or heroin. Cocaine may produce pleasurable stimulation in both the normal and abnormal, but the pleasurable effect is slight in the nervously normal individual. Nervously normal opium addicts apparently do not undergo appreciable mental or moral deterioration, but in the United States this class constitutes only a small proportion of the total number. Much of the moral deterioration attributed to narcotics in the past was not, as a fact, deterioration, but an original
nervous instability and moral obliquity. Mildly psychopathic individuals deteriorate more because of their addiction than any other class of addicts. No preparation of opium produces any appreciable intellectual deterioration. If there is any difference in the deteriorating effect of morphine and heroin on addicts, it is too slight to be demonstrated clinically. Cocaine is much more harmful than opiates, and long-continued use is destructive both to the physical and mental well-being of any type of person.

C. S. R.

NEUROSES AND PSYCHONEUROSES.


The author has studied 100 patients on whom a special epileptic board was held, under the U.S. Veteran Board, Boston. His main conclusions are:

1. Many factors are concerned in producing convulsive seizures and unconscious states. Detailed examination of the patient is essential. Diverse diagnoses and treatment, and especially the erroneous diagnosis of epilepsy, hinder the attainment of good results, particularly among ex-service men.

2. Fright and cranio-cerebral trauma are the predominant exciting causes, but many convulsions are apparently provoked by infection and inoculation, yet only in individuals who are constitutionally defective.

3. Phenobarbital and bromides diminish convulsions, inspire hope and sometimes effect complete cure.

4. Heredity and environment both contribute much to the development of the convulsive habit.

5. Most of Rosett's deductions have been fulfilled clinically, and Cannon and Crile's work upheld.

6. Where the prognosis is bad, it is folly to quibble over whether the case should be labelled epilepsy or hysteria.

E. B. G. R.

PSYCHOPATHOLOGY.


The 'haemoclastic crisis' is the name given by Widal to the vasculo-sanguinary crisis which follows the ingestion of milk by patients with hepatic disease and in certain anaphylactic conditions. To demonstrate the presence of haemoclastic crisis 200 gm. of milk are administered to a subject who has fasted for five hours, or better, since the previous night. The leucocytes and the differential leucocytes and the blood pressure are noted before the milk is taken and again at intervals of twenty minutes afterwards.

The vasculo-sanguinary crisis is characterized by a leucopenia, fall of blood pressure, inversion of the leucocytic formula, hypercoagulability of the blood, and diminution of the refractive index of the serum.

In the normal subject there is a hyperleucocytosis, while the blood