cold and pale, the lips blue, sweating greatly diminished, dermatographia marked; correction of this by a superheated atmosphere, hot baths, or drugs dilating the skin vessels results in removal of the inability to think, concentrate, and work, as well, in at least one case, of constipation.

He discusses the possible ways in which the physical and mental reactions may be connected: it is uncertain whether the cerebral blood-vessels are affected by the same state of spasm, or whether they undergo compensatory dilatation, or whether the two states occur in vessels of different distribution. He quotes experiments in rabbits showing that cold applied to the skin vessels caused dilatation of those of the pia mater, and quotes various authors who associate cerebral vascular changes of a functional kind with abnormal mental states. Another possibility is that the reduced secretion of sweat causes the retention of toxic substances, and another that circulatory changes in the brain lead to the accumulation of fatigue products.

He discusses the diagnosis of these cases, which come rather into the group of periodic neurasthenia than into that of manic-depressive psychosis; further, certain of the manifestations—apathy, mannerisms, stiffness, and a tendency to progressive emotional loss—resemble dementia praecox, in which too circulatory disturbances are marked.

This view of cyclothymia leads him to certain conclusions as to therapeutic indications, which he intends to publish later.

M. R. Barkas.

PSYCHOSES.

[166] Some symptoms referable to the basal ganglia occurring in dementia praecox and epidemic encephalitis.—C. FARRAN-RIDGE. Jour. of Ment. Sci., 1926, lxxii, 513.

Among all the psychoses whose symptoms may be simulated by epidemic encephalitis, dementia praecox occupies the foremost place; in fact the semiological resemblance between the two diseases is in some cases so striking as to give rise to real difficulty in differential diagnosis. It is suggested that this special resemblance is accounted for by the fact that just as in epidemic encephalitis the virus tends to attack selectively, or at least predominantly, the basal ganglia, so in dementia praecox, at any rate in the katatonic variety, the main incidence of the disease process tends to fall on the same portion of the brain. In dementia praecox in the acute stage there is usually a very considerable fall in the body-weight and later flesh is put on in an extraordinary way. Similar changes occur in general paralysis and in epidemic encephalitis. There are many symptoms which can be referred with a high degree of probability to a disturbance of the hypothalamic sympathetic centres, and it seems likely that these disorders of metabolism are nervous rather than glandular in origin, although the pituitary body may be the mechanism through which the
hypothalamus acts. Blepharoclonus and allied phenomena are noted in
dementia praecox and encephalitis. The absence in cases of dementia praecox
of any evidence of nuclear involvement of the external eye muscles tends to
exclude the mesencephalon, while the association of trembling of the eyelids
with Parkinsonism and with stupor, and the occurrence of the same symptom
in paralysis agitans and hysteria, are all facts which speak in favour of the local-
ization of the lesion in the basal ganglia. Pruriginous phenomena are, too,
found in dements, cases of general paralysis and encephalitis, and the author
thinks these are abnormal sensations of thalamic origin. This is true also of
chewing movements and teeth-grinding found in similar states. ‘Greasy
face’ also occurs in dementia praecox and its association with Parkinsonism,
with stupor and flushing of the face, tends to show that the hypersecretion of
the sebaceous glands is in some way connected with disturbance of the sym-
thathetic centres in the basal ganglia. Various respiratory disorders are also
common to these conditions. In the present state of our knowledge any dis-
cussion as to the pathogenesis must be largely speculative. In favour of the
causal lesions being situated in the basal ganglia we have (1) the frequent
association of respiratory abnormalities with Parkinsonism and with inversion
of the sleep rhythm: (2) the absence of co-existing bulbar or pontine symptoms
in dementia praecox and the rarity of such symptoms in epidemic encephalitis.
The occurrence of similar disorders in hysteria seems to speak in favour of their
thalamic origin. Choreiform movements and ‘tachykinesia’ (actions of
extraordinary abruptness) are brought forward as confirmatory. The author
states that he does not regard the choreiform manifestations of the dement
as motor functions of the corpus striatum, for it is obvious that they are cerebral
in type. Nevertheless it is considered that the basal ganglia are concerned in
their production and Kinnier Wilson’s view is adopted that although chorei-
form movements are exteriorized via the corticospinal paths, behind their
appearance is an afferent disorder of regulation attributable to lesions situated
on the cerebello-mesencephalo-thalamo-cortical path.

C. S. R.

[167] Frequency of dementia praecox in relation to sex, age, environment,
nativity and race.—Horatio M. Pollock. Mental Hygiene, 1926,
x, 596.

In the United States it is found that dementia praecox occurs more frequently,
and earlier, among males than among females. It is more prevalent in cities
than in rural districts. It is more prevalent among the foreign-born than
among the native population in both city and country. It is more frequent
relatively in some European races than in others. It is more prevalent among
negroes than among whites.

C. S. R.

In a previous communication it was shown that the haemoclastic crisis does not occur in the normal healthy subject, but that it does occur in a large percentage of psychotics. Analysis of a group of 90 well-established cases of mental disorder showed that 94 per cent. were schizophrenic in type, 85 per cent. were cases of melancholia, and 75 per cent. chronic mania. In 260 early psychotic and neurotic cases, a haemoclastic crisis was found in over 60 per cent. It was noted that the greater number of these were psychotic, chiefly of the schizophrenic type, and that most of the neuroses included in this 60 per cent. were anxiety forms. Consideration of the subsequent progress of 148 of these cases showed that 55 per cent. of the positive cases were reported as worse, 24 per cent. were better, and that 70 per cent. of the negative cases were reported as better and only ten worse. Consideration of later progress during a further period showed that there was very little change in the proportion of cases included under the different headings. The writer’s observations are in agreement with those who consider that the cause of the haemoclastic crisis is a change in the equilibrium between vagus and sympathetic tonus. An abnormal response to postural change was found in 87 per cent. of the psychotics. This response was purely a vasodilation.

C. S. R.

PSYCHOPATHOLOGY.


The object of this paper is to record the results of systematic serum tests. The investigation was carried out in the Manx Mental Hospital, where 290 cases were studied, and in the Argyll and Bute Mental Hospital, where 388 were studied. These may be regarded as collectively representative of the general types of mental disease. In the first-named, 46 cases gave positive results—23 men and 23 women; 241 were negative—117 men and 124 women; while the cases of one man and two women were positive with the flocculation test and negative with the Wassermann reaction. The male patients gave positive results in 16.31 per cent. and the female in 15.43 per cent. Among those in the Argyll Hospital, of the 185 men and 203 women, 39 of the former and 33 of the latter gave positive results: 139 men and 169 women gave negative results, while the case of one woman was positive with the flocculation test and negative with the Wassermann reaction. The same result was obtained when these cases were tested a month later. The male patients gave positive results in 21.08 per cent. and the women in 16.25 per cent. In the series of cases studied the author concluded that the flocculation test, if not superior to the Wassermann reaction, has been proved to be in no way inferior, and its application is much