system, but when the group occurring at puberty is considered it would seem that the endocrine system offers the best field for study. Inasmuch as menstruation is known to be intimately associated with the endocrine system, an effort to demonstrate endocrine dysfunction was made by the study of the menstrual records of 124 female patients over a period of five years. The minimum age at the beginning of this period was 15 years and the maximum age at the end was 35 years. A perusal of these records would convince the most sceptical that irregularities of menstruation are very common. The percentage was well over 50. A similar group of normal females for comparison with the above was not available but it is argued that among them no such high percentage of irregularities would be found. The author, however, does not attempt to prove that epilepsy is caused by endocrine dysfunction.

C. S. R.


The case described by the author does not correspond in its entirety to the usual clinical picture of lipodystrophia progressiva; there was a striking ‘adipositas’ (not, however, ‘dolorosa’) of the lower part of the trunk and of the lower limbs, the right being hypertrophied. By way of etiology the author incriminates the ovarian system (‘ovarian dysfunction’). In the upper part of the body, shoulders and face, was some fat shrinkage (not particularly noticeable in the photographs), the cause of which is unknown; the fatty hypertrophy of the other parts is declared to be associated with the ovarian involution already mentioned. Two types are said to be distinguishable; the infantile (mainly lipoatrophy) and the juvenile (mainly lipo hypertrophy).

S. A. K. W.

Psychopathology.

PSYCHOSES.

[123] Dementia praecox and vitamins.—W. REES THOMAS. Jour. of Ment. Sci., 1928, lxxiv, 460.

From many careful experiments this author concludes that irradiated ergosterol causes a reversal of the abnormal blood reaction known as the haemolytic crisis in cases of dementia praecox, and the dose required to establish a permanent reversal is 2 mgrm. (1.33 gr.). There was no evidence in control cases of any deficiency of vitamin D obtained from the skin and from the food supplied. Ultra-violet radiation does not increase the production in the body of vitamin D sufficiently to produce a reversal of the reaction, and the quantity
thus provided appeared to be roughly equivalent to 1 mgrm. of irradiated ergosterol. The vital significance of this vitamin to the body economy suggests the possibility of some relation between it and mental disorder, either directly or through some as yet unknown function of the liver.

C. S. R.

[124] Obsessions and dementia praecox (Obsessions et démence précoce).—C. HALBERSTADT. L'Encéphale, 1928, xxiii, 128.

The case described is that of a woman of 30, with a poor family history (aunt insane and schizophrenic; sister, manic-depressive psychosis). She presented typical symptoms of hebephrenic dementia praecox, and in addition a whole series of phobias and obsessions. Cases showing this particular combination are rare, that is, as far as the clinical coexistence of the two is concerned. Only a few have been recorded in the literature (Bleuler, Kraepelin and Lange, Kaan, Pilez, and one or two more). In connexion with the appearance of such compulsive ideas in the course of schizophrenia the following three questions deserve consideration:

1. Are genuine obsessive ideas found in the course of dementia praecox? The answer must be in the affirmative.

2. Have such ideas any relation to catatonic symptoms that are accompanied by a subjective feeling of obsession? Possibly, just as acts consecutive to an obsession may be transformed into a stereotypy of dementia.

3. Is there any etiological factor linking certain cases of obsessional neurosis and schizophrenia? This is as much denied as accepted. Halberstadt will not concede that his patient was suffering from two separate mental states, but holds the view that in true dementia praecox obsessional symptoms may occasionally be found, just as they may be in manic-depressive psychosis.

J. S. P.

[125] The adrenalin blood pressure curves in dementia praecox and the emotional psychoses.—LEO KANNER. Amer. Jour. of Psychiat., 1928, viii, 75.

This investigator found that all of thirty-four selected cases of dementia praecox after injection of 1 c.c. of adrenalin solution (1/1000) yielded typically vagotonic blood-pressure curves. The degree of vagotonia as pictured by the curves did not seem to depend upon certain "types" of dementia praecox, but upon the degree of emotional indifference. Conditions of acute excitement, formed, in addition to the adrenalin, a stimulus to the sympathetic. Five cases of manic excitement or depressive agitation yielded typically sympathicotonic curves. Three cases of stuporous melancholia presented pronounced vagotonic curves. In the author's opinion, the adrenalin blood pressure test should be made a routine examination both in cases of dementia praecox and the emotional psychoses.

C. S. R.

After a consideration of various theories and a close examination of twenty cases the author considers that the secret of the pathogenesis of these conditions is to be found in lesions and dysfunctions of the intestinal tract.

R. G. G.

Filterable virus and mental diseases (I virus filtrabili e le malattie mentali).—M. Camia. *Riv. di pat. nerv. e ment.*, 1927, xxxii, 46.

From a comparison of the symptomatology and course of the two diseases, dementia praecox and encephalitis lethargica, the author suggests that the former as well as the latter may be caused by a filterable virus.

R. G. G.


The 'black reaction' is not due to the increase of uric acid or the diminution of chlorine in the urine. Aromatic bodies are present which, when isolated, and in the presence of traces of free ammonia, give a black precipitate with silver nitrate in heat.

The urorosein reaction is constantly present in the urine of aments, of dementia praecox cases and of cases of alcoholic dementia, and is due to functional alteration in the liver following the intestinal lesions which have been demonstrated by Buscaino, Mazzanti and Roberti.

The reaction of Millon is constantly found in the urine of aments, in acute dementia praecox cases and in those of alcoholic dementia. These reactions are not due to phenol free in the urine, to aromatic oxyacids, or to tyrosine, but probably to a derivative of tryptophane, with an oxyhydric group in the benzine ring. This substance is a chromogen.

R. G. G.


A study of the menstrual histories in 443 cases with psychoses of some duration shows that increase of excitement is the commonest change, occurring in about one half. In established cases of psychosis amenorrhoea occurs roughly in the proportion of 1 in 7 cases, while dysmenorrhoea reaches the high proportion of 1 in 5 cases. Menorrhagia occurs in 12 per cent.

Many writers have appreciated the fact that epilepsy is influenced by menstruation. Statistics show marked increase in the female cases in the second and third decades of life at the time when the menstrual function is in
ABSTRACTS

evidence. Epilepsy may begin with the first menstrual period, and in certain cases may cease at the climacteric. There are records where fits occurred at irregular intervals, to be grouped at the premenstrual period or at the onset of menstruation. There has been much speculation as to the cause of this association. In 72 cases studied by the author it was seen that a high percentage show the premenstrual or menstrual grouping of the fits and that dysmenorrhea is very common among epileptics. The continuance of the fits beyond the menopause is thought possibly to be due to the formation of the fit habit, overruling the endocrine change.

PSYCHOPATHOLOGY.

[130] Investigation of the acid-base balance in mental cases, with special reference to epilepsy.—GEoffrey SHERA. Jour. of Ment. Sci., 1928, lxxiv, 454.

In the search for somatic disturbance in connection with the insane, either as a cause or as an effect of mental disorder, the acid-base balance has afforded a field of exploration from time to time. Epilepsy, in particular, has provided material for research on these lines. Notwithstanding the hitherto negative character of the results of acid-base studies in epilepsy, it was thought worthwhile to investigate a number of unclassified new admissions in respect of their acid-base equilibrium and also to compare them with epileptics, and to investigate the reaction of the blood, particularly the alkali reserve, in relation to the fit. Actually some valuable information has been thus obtained which also throws light upon the usefulness of institutional treatment in the early stages of the mental disorder.

All experiments were performed twice on the same specimen, and any inconsistent results were discarded. As compared with the normal subject, the new admissions and chronic cases show a distinct average tendency to acidosis, whereas the epileptics deviate but little from the normal. This points to epilepsy as a disorder in which the disturbance of nutrition and metabolism generally is decidedly less than that of the average mental patient who definitely shows signs of mild acidosis. In relation to meals no pathological variations occurred. In relation to fits, there is in the majority a tendency to alkalosis. There is thus no marked deviation from the normal alkali reserve in epilepsy, which is a remarkable tribute to bodily powers of adjustment under severe stress. Acidosis in new admissions was investigated by means of the blood. In 34 cases there was an abnormal acidosis ratio in 4 cases (9 : 1, 6-65 : 1, 9-6 : 1, 9-02 : 1) which shows a small but definite percentage of relatively severe acidosis apart from the general average of mild acidosis. In new admissions previous malnutrition as a result of difficulty in feeding may have led to starvation acidosis. On the other hand this will not explain why the chronic case should show a tendency to acidosis. It may be that some depletion of the alkali reserve is an accompaniment of chronic mental disorder with the exception of epilepsy, possibly as a result of toxæmia (dental or alimentary),
Psychopathology: PSYCHOSES.

J Neurol Psychopathol 1928 s1-9:
179-182
doi: 10.1136/jnnp.s1-9.34.179

Updated information and services can be found at:
http://jnnp.bmj.com/content/s1-9/34/179.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/