
The blood calcium in organic psychosis ranges between 8·1 and 10·9 mgm. per cent. Figures below the normal level have been found in 8 out of 42 cases of organic psychosis. In schizophrenia, manic-depressive psychosis and mental deficiency blood calcium was found to be within normal limits. The cerebrospinal fluid calcium showed a slight deviation below the normal in 4 out of 40 cases of schizophrenia and a moderate rise in 3 out of 42 cases of organic psychosis. In manic-depressive psychosis (10 cases) and mental deficiency (21 cases) only normal figures were found. Slightly increased ratios of fluid calcium with blood calcium were elicited in 5 out of 42 cases of organic psychosis. In the schizophrenic group ratios below normal were observed in 4 out of 40 cases. In manic-depressive insanity and mental deficiency the ratios are within normal limits. The contents in blood and cerebrospinal fluid and the distribution ratios of calcium can hardly be helpful for the diagnosis, since abnormal figures have been found only in a small number of cases. The passage of calcium from blood into fluid follows the trend of bromide, which is a tendency to an increased permeability in organic psychosis and a low permeability in schizophrenia. This similar behaviour of calcium and bromide contributes to the view that the haematoencephalic barrier functions somewhat differently in schizophrenia and organic psychosis. The abnormal barrier permeability found in various heterogeneous pathological conditions suggests that the dysfunction of the barrier is not altogether specific to certain nervous and mental diseases but presents a partial malfunction of a diseased organism.

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PROGNOSIS AND TREATMENT.


A plan is described that is in successful operation as one feature in situational therapy in a research service devoted to the study of schizophrenia. The patients are formally divided into six groups in accordance with their psychiatric status. Each group is described in terms comprehensible to the patients, and to each group is assigned a grade letter. Patients are promoted or demoted from grade to grade in accordance with changes in the mental condition. All promotions and demotions are given ward publicity. This is an effective method of motivating efforts towards self-improvement and of stimulating hope in the individual patient. The method is widely applicable to state hospital practice, and yields excellent therapeutic results for the effort expended.

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