PSYCHOSES


A group of nine cases is presented in which there is a blending of schizophrenic and affective symptoms. The psychosis is characterized by a sudden onset in a setting of marked emotional turmoil with a distortion of the outside world and presence of false sensory impressions in some cases. It lasts a few weeks to a few months and is followed by a recovery. The patients were young people, in the twenties or thirties, in excellent physical health, in whom there was usually a history of a previous attack in late adolescence. The pre-psychotic personalities of the patients showed the usual variation found in any group of people. A good social and industrial adjustment, the presence of a definite and specific environmental stress, interest in life and its opportunities, and the absence of any passivity or withdrawal are some of the factors favouring recovery.

C. S. R.


An epitomized account of the results of a study of the physiological functions in schizophrenia as brought out by repeated tests on 57 male subjects over a period of seven months. An illustrated case is included. Grossly, in most respects the patients were organically normal. They averaged 16 per cent. under-weight and as a group showed a high incidence of poor circulation of the skin, irregularities of the pupil, abnormal reflexes, and bad teeth. The blood pressure, rate of oxygen consumption and, to a slight extent, the pulse rate were basically depressed. Hypometabolism was a characteristic condition. The urinary constituents were normal in amount, as was the distribution of the nitrogenous components, but the total volume was twice the normal amount and the variability of output three times as great as in a control series. This suggests abnormal functioning of the diencephalon or of the posterior lobe of the pituitary gland. The galactose tolerance was notably variable but the blood sugar during fasting was strictly normal in both average and range. The blood pictures were characterized by a high incidence of moderate secondary anaemia and leucocytosis. The chemical constituents of the blood were unusually variable in individual cases but the averages were mostly normal. The cholesterol content ranged slightly low. It is concluded that as regards homeostasis, schizophrenia is characterized by two deviations from normality. The ability to maintain the 'steady state' is diminished and some functions are basically displaced in an upward, others in a downward, direction.

C. S. R.

This paper is based on the case-histories of 14 successive patients admitted to a mental hospital. Of these, 11 were puerperal, and three were psychoses arising during the course of pregnancy. Eleven patients recovered sufficiently to be discharged, two died, and one remained in hospital. The various factors which apparently influenced the course of these psychoses are investigated. In all but one patient albumen was found in the urine soon after admission. In six the amount was considerable and in three it persisted during the hospital stay. Two of these latter had casts as well. In the remaining seven the albumen disappeared in a short time. Pus cells were persistent in three cases, and B. coli was cultured from the urine of eight. The urine of the other six was sterile. Four patients had indican, two acetone and two sugar. Water excretion tests as tests of renal function proved of little value, but the excretion regularly increased with improvement in the mental health, and it was found possible to correlate the increased excretion figures with reduction in the emotional tension. It is noted that the estimation of blood cholesterol has little clinical use in the treatment of psychoses associated with childbirth. Urea excretion tests also proved of no value.

Septic infection was fairly frequent and two patients died of septicaemia. Subinvolution was present in eight of the remaining 12, and in six of these the lochia were offensive, while four patients had temperatures above 100° F. In a few focal sepsis was in evidence in the teeth, tonsils, and sphenoidal sinuses. Anæmia was a common finding and seven had haemoglobin percentages below 60, the average of these being 48 per cent. Abnormal neurological signs were practically confined to changes in the pupil reaction and the tendon reflexes. The pupils were dilated in six cases, normal in five, sluggish in seven, and contracted in none. The reflexes were normal in four, increased in six, and exaggerated in four. One patient certainly, and another possibly, had deficient thyroid secretion. It is pointed out that the possible rôle of posterior pituitary hormone as a cause of puerperal infection should be borne in mind when stimulating the uterus in puerperal cases.

The diagnosis in this small group was: schizophrenic states, six (hebephrenic three, paranoid two, simplex one); manic state, five; depressive state, one; toxic confusional state, one; stupor, one. The sexual life, both pre-psychotic and later, is discussed.

C. S. R.


This study indicates that a comparison of psychotic depressions of the manic-depressive group with normals shows in the former: (1) The total fatty acids of the plasma are higher in the fasting state; also that after a fat meal
there is a greater rise in the total fatty acids than in normal subjects. (2) The cholesterol is at a higher level, both in the fasting state and after a fat meal. (3) The iodine number is lower in the depressives, which can be taken to indicate that in these cases there is a greater proportion of saturated plasma lipoids.

C. S. R.

PSYCHOPATHOLOGY


The author reviews the different symptoms that have been emphasised as of importance at one time or another in the diagnosis of frontal lobe lesions. On the purely neurological side he discusses the so-called 'frontal ataxia' of Bruns—difficulty in turning the head and trunk to the opposite side; the tendency to walk towards the side of the lesion (Barány); nystagmus to the opposite side and abduction of the limbs towards the same side (Rothman and Blohmke); changes in muscular tone and a peculiar ipsilateral tremor of the extremities (Beevor and Stewart). He further mentions the return of some primitive reflex mechanisms—Pötzl's paradoxical flexion reaction and the defence reaction of Magnus—the two combined recalling the gait of quadrupeds. Among other neurological signs mentioned are a 'pseudo-Kernig's sign,' conjugate deviation of the eyes, epileptic attacks of Jacksonian type, sphincter disturbances, aphasia and agraphia. Akinetic phenomena closely related to the mechanism of will power are emphasized.

As regards mental symptoms the following are described; amnesia in speech, monotonous and monosyllabic speech, spontaneous mutism, 'telegram style' of speech. Akinesia of body movement together with apathy and disturbances of thought and orientation sometimes suggest catatonia and may lead to an erroneous diagnosis of schizophrenia with stupor. Lack of interest in surroundings, disorders of attention and of memory and orientation lead to important changes of personality, which together with mental sluggishness, loss of energy and self-control often usher in the disease.

The author's personal cases had in common a progressive onset with mental changes of an indefinite character. The lack of spontaneity, apathy and akinesia were marked features. In speech, this lack of spontaneity found expression in spontaneous mutism, or a monosyllabic and monotonous voice without any signs of aphasia. The akinesia in the motor sphere gave rise to very marked reduction of spontaneous movements although there was no actual paresis at that stage of the disease. No localizing value is attributed to this latter phenomenon.

In connexion with the mental apathy, the tardiness of all intellectual