

## Psychopathology

### PSYCHOSES

[39] **Relation of trauma to mental diseases.**—ABRAHAM MYERSON. *Amer. Jour. Psychiat.*, 1936, **92**, 1031.

MYERSON has established for himself the following guiding principles: first, that wherever a psychosis is mainly of constitutional origin, and where medical science is yet unable to find any direct environmental relationship, he is reluctant to state that any environmental event is a probable exciting or precipitating or aggravating cause. If, however, an environmental event occurs which is of serious nature, such as severe trauma, or of great emotional significance, and if it can be shown that the psychosis occurred within a very short period, he is willing to admit some relationship. This is true, however, mainly of manic-depressive psychosis. He is willing to admit a psychological event as a probable cause for the occurrence of this psychosis. Manic-depressive is mainly an affective psychosis. It is therefore logical to assume that a serious emotional situation may, if immediately followed by a manic-depressive state, be a precipitating or aggravating cause. He is unwilling to admit that there is any reason to assume that this is a factor in the precipitation of dementia præcox, largely because the schizophrenic state is not, as far as we know, emotional in origin, and because the personality alteration is of more profound nature than the change which takes place in manic-depressive psychosis.

C. S. R.

### PROGNOSIS AND TREATMENT

[40] **General paresis: treatment by tryparsamide-induced fever sequence.**—H. C. SOLOMON and S. H. EPSTEIN. *Amer. J. Syph.*, 1936, **20**, 281.

THIS article gives a detailed analysis of 21 cases of general paresis, treated over a considerable period of time by tryparsamide, and subsequently given fever therapy. These patients were chosen for fever treatment from a series of cases treated by tryparsamide because they were not responding satisfactorily, either clinically or serologically, and they comprise the smaller number of therapeutically recalcitrant cases of a series that give a relatively high percentage of favourable results. The number of injections of tryparsamide given to this group varied from 28 to 301, and the average number of injections was 86. The time which had elapsed between the beginning of tryparsamide therapy and the fever treatment varied from one to ten years, with an average period of four years.

The results obtained after fever treatment were good, both clinically and serologically. The final analysis made one to several years after the fever indicated that none of the cases remained unimproved; three were considered as stationary; and 18 as arrested. In practically every case the cerebrospinal

fluid became negative, and in the majority of the cases the spinal fluid response occurred within 18 months following the fever treatment. These results make a marked contrast to those which usually occur in cases treated from the outset by fever. 'While a group of 21 cases may be too small a series from which to draw hard-and-fast conclusions concerning percentages, the practically universally excellent result emboldens us to conclude that a considerable number of preliminary tryparsamide injections greatly enhances the probabilities of therapeutic success in the treatment of general paresis by fever and that the improvement of the spinal fluid findings occurs more rapidly following fever if the patient has first been prepared by treatment with tryparsamide.'

AUTHORS' ABSTRACT.

[41] **Investigations on the problem of immunity against spirochæta pallida in general paralytics treated with malaria.**—A. BECK. *Jour. of Ment. Sci.*, 1936, 82, 254.

It is found that the serum and cerebrospinal fluid of general paralytics treated with malaria and of normal persons do not differ in their influence on the motility of spirochæta pallida; there is no evidence of agglutinins against the spirochætes of syphilis or of antibodies recognizable by the adhesion phenomenon (Brown and Davis). The virulicidic test on animals did not reveal the existence of spirochætoxicins in the serum. No evidence was found of an antibody enhancing the phagocytosis of spirochæta pallida. The mechanism leading to the improvement of general paralysis is not of humoral, but of cellular nature.

C. S. R.

[42] **The hæmatoporphyrin treatment of melancholia and endogenous depression.**—J. HUEHNERFELD. *Amer. Jour. Psychiat.*, 1936, 92, 1323.

A SUMMARY of the results of this therapy which takes into account only those who reported the number of treated cases and the degree of improvement shows that up to the present about 400 cases have been described. Of 327 cases here referred to 98 were distinctly improved, 162 cured or greatly improved, while only 67 remained uninfluenced. Of those who have made investigations only one or two obtained negative results, and in one instance one-half of the patients were schizophrenics, whereas there were strikingly favourable results with those who had involuntal melancholia. All others confirmed the author's observations. Improvement first manifests itself on the somatic-vegetative side of the disease-picture and subsequently extends to the psychic field, in which the inhibitory symptom usually disappears first. It is thought permissible to ascribe to hæmatoporphyrin a specific influence on the melancholic and depressive conditions. Those whose disease-picture is

dominated by inhibition respond best. Among those cases which are influenced only slightly or not at all are to be found mostly those in which marked anxiety and lively hallucinatory elements predominate. In order to render the hæmatoporphyrin therapy still more efficacious, it will be necessary to attain a more exact demarcation of melancholic and depressive conditions.

C. S. R.

[43] **The value of insulin treatment in undernourished psychiatric patients.**—

A. E. BENNET and ELVIN V. SEMRAD. *Amer. Jour. Psychiat.*, 1936, **92**, 1425.

TWENTY-FIVE psychiatric patients on high caloric diets receiving insulin therapy for malnutrition were compared with 25 cases not receiving insulin, all other conditions being essentially equal. An average of 0.423 lb. per week excess gain was found in the insulin cases. The authors believe that this form of treatment is a definite adjuvant in the handling of the psychiatric patient with malnutrition. It should not be considered specific in any way, and the results obtained must be evaluated along with other operating therapeutic factors.

C. S. R.

[44] **Modern endocrinology and mental disorder.**—THOMAS D. POWER.

*Jour. of Ment. Sci.*, 1935, **81**, 783.

It seems probable that all instinctive and emotional activities are accompanied by subtle alterations in hormonal balance, and that these in their turn influence neuronic processes. The close connexion between the diencephalon and the pituitary gland lends support to this view. It is easy to imagine how a profound emotional disturbance might be perpetuated by endocrine disharmony, and prove susceptible to substitution therapy. Stress is laid here on the part played by the pituitary in the development and activity of the reproductive organs, because it is felt that these physical processes have an important bearing on the force and vigour of the sexual instinct, which supplies the driving force of much of mental life. It is realised, however, that the dynamic side of sex involves more than a mere stimulation of the genital apparatus. Probably every hormone in the body plays its part in co-operating with this instinct, and what is wanted for dementia præcox is something which will produce a generalized stimulation of this nature. A combination of anterior pituitary hormones suitable for hypodermic injection would appear to be the ideal therapeutic agent, but until this preparation is on the market we must content ourselves with minor laboratory and clinical experiments.

C. S. R.