A contribution to the study of basal metabolism in acromegalics.


Two cases of acromegaly are described and illustrated. In the first, a woman, age 32, there were no glandular symptoms except amenorrhoea. The basal metabolism was 20.5 per cent. above normal. In the second case, a male, age 45, five years after the onset of headache and enlargement of the head, polyuria, weakness, somnolence and impotence developed. In this case the basal metabolism was 33 per cent. below normal.

The authors refer the increased metabolic rate in the first case to irritation of nerve centres in the floor of the third ventricle and the diminished rate in the second case to destruction of these centres.


That some disturbance of lipoid metabolism may occur in dementia praecox and may involve the suprarenal cortex, has been suggested by the following:

(a) Previous observations on the sexual development and behaviour of these patients.
(b) The evidence that the suprarenal cortex is involved in disturbances of sexual development.
(c) The evidence that the suprarenal has both an embryological and functional relation to the gonads on the one hand and to the brain on the other.
(d) Substances of a lipoid nature play an essential part in the functional metabolism of each of these organs.
(e) The female sex hormone and the vitamine for reproduction are both of a lipoid nature.
(f) The low basal metabolic rate frequently observed in dementia praecox suggests an involvement of the suprarenal. The evidence for these considerations is reviewed. The significance of cholesterol is discussed. Experimental results seem to show that in many patients with dementia praecox the blood cholesterol is unusually low, and that it may be more directly correlated with the psychosis and with sex than with any other recognized factors. That some correlation with sex seems to exist is considered significant and in accord with the considerations which suggested the work.


The clinical picture of the condition varies with the mental characteristics of the subjects. The mode of onset may be gradual or sudden. In the latter
case it is usually determined by injury, local or general, accident or illness, or by the patient having his attention drawn to the fact that he has a latent condition of nystagmus. There are three varieties of the condition: (1) 'Latent,' in which nystagmus is present without causing any other signs or any subjective symptoms, the patient often being unaware of its presence. (2) 'Manifest,' with the usual signs and symptoms. (3) Psychoneuromes simulating the signs and symptoms of nystagmus without the presence of nystagmus. Such states are usually of the nature of hysteria or anxiety neurosis, in which symptoms referable to the head and eyes are prominent. A case in group (1) is easily convertible by means of a mental stimulus into group (2) and this one merges through every intermediate gradation into group (3). In a large proportion of cases a neurotic predisposition is evident. Neurotic signs and symptoms may precede, accompany or follow nystagmus already established. The clinical picture is strongly suggestive of that of a neurosis as regards: (a) The prevalence of hysterical or anxiety symptoms. (b) The fact that when obviously neurotic symptoms supervene in a case of so-called simple nystagmus, they are inseparably incorporated amongst those which other writers regard as being secondary to the nystagmus. (c) The fact that many of the so-called secondary symptoms would appear to have a strongly neurotic element in their etiology. Nystagmus may take part in an abreaction. The course of the case under treatment is a good example of the dependence of the patient upon the physician, characteristic of hysteria. The patient exhibits resistance against the removal of his symptoms, of which he is unaware, and over which he has no control. The institution of compensation has resulted in an increase in the number of cases certifiable. The two factors of paramount importance etiologically are the following: (a) An element of danger is always present; (b) owing to limited illumination the men are always working under a relative ocular disability. In the author's opinion the danger element determines the outbreak of the neurosis, and the eyestrain the predominantly ocular form. The nystagmus, as well as the other signs and symptoms, is temporarily benefited by psychotherapy. It is suggested that, in the future, treatment should resolve itself into that of (a) exclusion from the industry of all men predisposed to neurosis of any kind; (b) improved methods of illumination at the coal-face; (c) psychotherapeutic treatment of those already affected.

C. S. R.

[38] A need of support, transformed to delusions of influence, in a psychasthenic patient (Du besoin de réconfort au sentiment et au délire d'influence chez un psychasthénique).—A. Ceillier, Bull. soc. clin. de méd. ment., 1923, xvi, 74.

A marked case of constitutional psychasthenia in a man of 34, with morbid symptoms fully detailed. In earlier years the yearning for affection, support
and consolation demonstrated by Janet as so common in these cases, was very obvious. Generally this yearning has been replaced by a feeling of domination, influence, and suggestion.

It is pointed out that as a rule delusions of influence are secondary to automatic phenomena, the patient having the feeling that his actions are due to outside influences. In this case the idea of influence appears to be to a certain extent independent. The author considers that delusions of influence may constitute a syndrome which may be reached in different ways.

W. D. C.

[39] The neurotic goal in post-war neuroses.—JOHN W. VISCHER and GERTRUDE SARKER. Mental Hygiene, 1926, x, 354.

This article gives the history of several patients suffering from post-war neuroses unsuccessfully treated by repeated hospitalisation. In agreement with Adler's theory, the authors consider the cause of the neuroses described lies in a feeling of inferiority, which the patient seeks to compensate by undertaking work of too ambitious a nature for his abilities. With failure of achievement, neurosis results. Psychotherapy has proved of no permanent value in curing these cases and the best solution lies in careful vocational guidance.

E. B. G. R.

PSYCHOSES.

[40] Influenza and schizophrenia: an analysis of postinfluenzal dementia praecox as of 1918 and five years later.—KARL H. MENNINGER. Amer. Journ. Psychiat., 1926, v, 469.

There are three outstanding features in the analysis made of the data pertaining to postinfluenzal psychoses of the schizophrenic type: (a) Schizophrenia was relatively the most frequent psychiatric syndrome; (b) it occurred with and without evidence of hereditary taint or predisposition; (c) most of the cases so diagnosed made more or less complete recoveries. If we retain the Kraepelinian conceptions of dementia praecox, we must suppose that influenza precipitated many cases which seemed in the acute phase to be dementia praecox, but of which relatively few ultimately verified this early diagnosis, and were somatic or cyclothymic psychoses of strongly schizophrenoid colouring. For those, including the author, who reject Kraepelin's conception of dementia praecox in favour of the conception of a schizophrenic syndrome, representing certain kinds of phases of psychic disintegration arising upon varied bases and following varied courses, the conclusions from the influenza series would be that many such schizophrenic syndromes occurred immediately subsequent to influenza, but of the entire series the great majority of cases ultimately recovered, some promptly, some only after a year or more; a few progressed to various degrees of dementia. This would indicate a relative benignity of the process. This schizophrenic picture has been reported under a