ABSTRACTS

PSYCHOSES.


This is an attempt to analyse paranoia on the basis of conditioned and unconditioned reflexes, and to find its "pathobiogenesis."

The conduct of the paranoiac is distinguished by the exaggeration of the reaction of self-preservation having the character of an active defence, and consists of morbid expression in speech (delusions) and pathological behaviour, which bear witness to a weakening of inhibitions conditioned by social and ethical training.

The reflex-forming activity of the cerebrum, which consists in biosocial adaptation to environmental stimuli, is disordered in the direction of a hyper-production and freeing from inhibition of the conditioned reflexes of defence. These become excessively generalised, are inadequately differentiated, and tend to be abnormally readily linked together (chain reflexes), while having great resistive capacity.

This special inadequacy of intercerebral inhibition and differentiation, with a partial overstimulation of the cortex, can be explained by assuming a constant focus of dominating excitement in the large hemispheres, which draws towards itself by force of a "functional neurobiotaxis" all weaker exteroceptive stimuli, and through which all fresh reactions of self-defence (conditioned reflexes) are shunted.

The cause of the formation and unusual resistive capacity of this focus of excitement in the cortex is rooted in chronic, often in intermittent proprioceptive stimuli, which are sent from the lower centres preserving phylogenetic experience, i.e., the subcortical centre for the complicated unconditioned reflex or instinct of self-defence, and the increased activity of this centre is probably connected with the biochemical constitution of the blood. This constitutes the pathological disposition of the paranoid character. Where the ontogenetic capacity of the cerebrum to deal with this over-stimulation by forming conditioned reflexes and inhibitions is sufficient, we may have a prominent military, political or religious leader, provided adaptation to reality is maintained. In the paranoiac this cortical compensation fails and the unconditioned defence response is paramount. This may be due to faulty training, difficult biosocial conditions of life, involution with increased activity of the instinctive centre, or failure from physical causes of higher control, so that regression occurs to the primitive stage of phylogenetic development, in which such a state of chronic active defence was suited to the constant struggle for existence.
This does not mean that psychological theories about paranoia are unimportant, but merely tries to give them an underlying basis of cerebral neurophysiology.

M. R. B.

[38] **Affective experiences in early schizophrenia.**—Harry Stack Sullivan.

It has appeared from crude observation and from detailed study of the facial expression that the alleged indifference, apathy, and emotional disharmony of the schizophrenic is more a matter of impression than a correct evaluation of the inner experience of such a patient. It has followed that the study of such inner affective experience by positive, objective means seems urgently indicated if the nature of the schizophrenic processes is to be elucidated. Attempts along this line do not seem to have reached valid results, owing largely to the susceptibility of these alleged indifferent, inattentive patients to seriously disturbing delusional reactions. To prevent grave interference by these, considerable variation from ordinary psychological technique is required. Elaboration of apparatus and technique should be undertaken to the end that study of the final movements and tonic postures of the facial muscles (particularly of the perioral group) may be correlated absolutely in time with alterations in the electrical conductivity of the body—the psychogalvanic response. In addition, one may supplement these records with phonograms in some cases, with pulse tracings in some, and perhaps with respiratory records. Fluoroscope observation of visceral tone may also be correlated in this fashion. One must reduce distracting factors, as well as indefiniteness concerning the actual time of stimulus reception, and more particularly insure the integrity and simplicity of sentience 'conveyed' to the subject, for instance, to use of purely visual stimulus-situations in place of the verbal and the autochthonous.

C. S. R.


Adopting the suggestion of McDougall as to an instinctive basis for the phases of cyclothymic reactions, the author elaborates this on a basis of constitutional tendencies: (1) manic, 'altro-centric' tendencies; (2) 'extrospective,' 'extroactive' and sympathetic (altruistic), and depressive, egocentric tendencies; (3) introspective, seclusive and egotistic tendencies. A decidedly interesting speculation.

R. G. G.

Sixteen cases are discussed from the psychoanalytic point of view, and from a study of these the author feels justified in concluding that schizophrenia usually has a definite precipitating factor or situation which has psychological significance to complexes in a state of repression in the unconscious; such a precipitating factor, occurring in the outer world, may be an actual situation related to repressed ideas and impulses (e.g., advances by a homosexual) or a symbolic situation of some sort with direct or indirect relation to such repressed material. The author believes that a homosexual setting in the environment is the commonest precipitating cause of schizophrenia in males.

R. G. G.


Disorders of conduct are becoming relatively more prominent in the symptomatology of constitutional psychopathic inferiority as at present understood. Their prophylaxis and treatment, like those of any other symptoms, constitute a neuropsychiatric problem.

Restraint or other legal penalty is a form of suggestion or counter-suggestion and should be considered as such by neuropsychiatrists in estimating its desirability along with other methods of medicinal or surgical treatment in any given case.

R. G. G.

The blood-sugar curve in cases of dementia praecox.—J. Forest Smith and H. Gardiner Hill. *Jour. of Ment. Sci.*, 1927, lxxiii, 265.

These observers found that the blood-sugar curves in ten cases of dementia praecox were low and the administration of thyroid and pituitary extracts had the effect of heightening the curve.

C. S. R.


This is a long and well-documented paper, which should be consulted in the original by all who are interested in the somatic symptoms of mental cases. It is difficult to summarise conveniently the wealth of clinicopathological examinations here conducted in great detail. Some of the author's general conclusions, however, may be indicated.
It is contended that the motor extrapyramidal syndrome forms a part of the symptomatology in nearly all the psychoses. Hyperkinetic and akinetic syndromes alike may be met with, in cases of catatonia, general paralysis, senile or arteriopathic dementia, epileptic psychoses, acute confusional conditions, etc. The syndrome is due to a congenital defect in oligophrenia, to an acquired organic defect in the organic dementias and in some cases of catatonia, to a functional impairment in manic-depressive psychosis, hysteria, and sometimes also in dementia praecox and epilepsy. It may arise either directly or from the effect of diachisis.

The site of the lesions bringing about the syndrome is, generally speaking, at any level or division in the fronto-ponto-opto-strio-rubro-cerebellar system.

A suggested provisional allocation of the complex syndrome of catatonia is given as follows: (1) vegetative symptoms (trophic, vascular, secretory, thermogenetic, etc.)—transient or permanent lesions of the vegetative centres of the neuraxis. (2) Motor symptoms (akinesia, bradykinesia, hyperkinesia, parakinesia, catalepsy, flexibilitas cerea, etc.)—lesions of the above-mentioned fronto-ponto-striato-cerebellar system. (3) Sensorial symptoms (cenaesthetic and hallucinatory symptoms)—cortical and subcortical lesions. (4) Other psychical symptoms (stupor, motor obsessions, iteration, verbigeration, palilalia) can be ascribed to secondary effects of lesions as under (2) above. Still others (stereotyped acts, automatism, impulsions, 'echo phenomena,' etc.), result from a combined cortico-basal impairment. Symptoms referable to speech are cortical, as are others of a psychomotor class (negativism, 'mannerisms,' dissociation, schizophasia, etc.).

Doubtless not a little of this analysis appears somewhat schematic, and most of it is based on the idea that clinical symptoms and pathological findings are directly interrelated; but however much it may be criticised in detail it certainly represents a general thesis for which there is a great deal to be said by way of evidential support. The bibliography attached is unusually rich and wide-ranging.

J. S. P.


The problem of the increase and decline of general paralysis among races infected with syphilis is of the greatest interest and importance. It was studied by Kraepelin in 1925, and Kanner has continued to collect evidence along the same lines. From the evidence available Kraepelin deduced that after a race had been infected with syphilis for a long time, probably 200 years at least, general paralysis began to appear in it, and after a further period, which may be something over a century, it tended to disappear. The facts on which this hypothesis is based are the following. Syphilis became widespread in Europe after the siege of Naples in 1492 (?) but the first cases of
general paralysis (if we exclude a case reported by Willis in 1670 of paralysis in a mental patient) were not reported till the end of the eighteenth century. In the nineteenth century general paralysis became rife and assumed a stereotyped form, but since 1890 it has in most European countries changed its character and become less frequent. Of this diminished incidence not only in respect to the population as a whole, but also in respect to those infected with syphilis the Austrian statistics afford very striking evidence. The statistics from England, France and Germany also point in the same direction. General paralysis is now rare in South Italy and Spain and appears to be steadily decreasing there. In Sweden, however, it is increasing. It is probable that Sweden was scarcely infected with syphilis until the time of Gustavus Adolphus, and is therefore a century or more behind western Europe.

In America the facts appear at first rather contradictory. As a whole, general paralysis appears to be increasing throughout most of the United States, but this increase is most noticeable in the negro population. Although about twenty years ago paresis was a great rarity among North American negroes, it is now more prevalent among them than among the white population. On the other hand, negroes coming from Africa to Brazil are not susceptible to paresis, whereas those whose families have lived there for several generations acquire the disease. Among North American Indians general paralysis is exceedingly rare and appears to be disappearing completely, but it is common among Mexican, Central American and South American Indians. In Africa, except in the countries along the Mediterranean coast, the disease is practically unknown, although syphilis is rife. In Japan general paralysis was rare at the beginning of the century, but is now as common as in Europe. Among the Chinese, however, it is still uncommon.

It appears from these statistics that a hypothesis of racial predisposition is insufficient to account for the facts, as negroes in one country are immune while in another they are extremely prone to acquire paresis. The theory of Kraepelin that the spread of lues gradually generates in a race those conditions which make possible the establishment of paresis, appears to agree with the facts, if we assume that the North American Indians were infected long before those of Central and South America. On this hypothesis it seems probable that general paralysis will continue to decrease in Western Europe, while it will increase among the coloured populations of the world.

J. G. Greenfield.

PSYCHOPATHOLOGY.


The development of interest in the welfare of the young has led to a need for some routine tests of a simple kind which will throw light on their mental life to guide the choice of their disposal and training. Suggestions made by