

**Endocrinology.**

[93] **Tumours of the epiphysis** (Tumores de la epifisis).—MANUEL BALADO. 
*Archivos Argentin. de neurol.*, 1927, i, 10.

This is a careful clinical and anatomopathological study of two cases of pineal gland tumour, together with a résumé of knowledge in respect of this comparatively rare condition.

Neither of the author’s cases showed the macrogenitosomia praecox of Pellizzi, inaccurately thought to be characteristic of pineal tumours. Apart from general symptoms of intracranial pressure, the diagnosis is based on disorder of equilibrium, external ocular palsies, and signs of internal hydrocephalus. Histologically, both belonged to the so-called pinealoma type. There is a bibliography of over one hundred references given in the paper.

S. A. K. W.

[94] **The thyroid and its influence on character** (La tiroide e la sua influenza sul carattere).—C. E. ROBERTI. *Riv. di pat. nerv. e ment.*, 1927, xxxii, 125.

The thyroid is one of the physical bases of psychic structure and gives a particular imprint on character according to its functional activity. This it does either by the action of its hormone on the general ‘make-up,’ and the sensitisation of the nervous centres and tracts by which the emotional mechanisms are expressed; or by means of its multiple humoral and nervous correlations.

Two types of character may be distinguished according to its degree of functional activity.

The hypothyroidic type is emotionally stable, only excitable with difficulty, and shows a certain slowness of all nervous processes.

The hyperthyroidic, on the other hand, shows an increase of general excitability, instability of mood and the most lively emotions.

These characteristics may coexist in part in certain cases and this the author describes as the dysthyroid type.

R. G. G.


Psychoses following pregnancy are quite common, and some of them may possibly be due to deficiency of ovarian extract as a result of inhibition by the corpus luteum, mammary glands or placenta, depending on the time elapsing after the pregnancy before the mental symptoms develop. Acting on the supposition that if the deficient ovarian secretion be administered to the patient the hormone balance ought to be re-established and the patient restored to normal health, this type of case was treated thus with gratifying results. On the other hand, some cases do not respond to this treatment, and it is possible in these cases there is another factor at work, perhaps psychogenic in origin. Also, about 50 per cent. of climacteric cases treated with ovarian extract made a good recovery, and in those which did not respond it was usually found that there was a tainted heredity, or that the climacteric was not the sole cause.
The writer thinks that in certain cases of mental disorder, viz., those cases which have passed through an acute stage of mania or melancholia and have then drifted into a condition resembling stupor, confusion or secondary dementia, an intensive course of thyroid treatment is often very beneficial. Large doses should be given over a period of six days. Some illustrative cases are quoted.

C. S. R.

Psychopathology.

PSYCHOLOGY.

[96] Does the psychogalvanic reflex phenomenon indicate emotion?


This investigator concludes that the psychogalvanic phenomenon follows a variety of complex changing mental states many of which would ordinarily be described as 'emotional' and yet may yield to introspective enquiry cognition and/or conation only. It seems best in the present state of our knowledge to describe these complex states as an 'orectic process' in which 'feeling' and 'striving' are mingled; but in view of the fact that, when cognized, the initial phase of markedly conative experience, accompanied by deflection, is reported to be dominantly subjective in character, and that large deflections are obtained when the dominant awareness is one of being impressed by the cognized stimulus, it seems probable that the mental cause of the physiological change that brings about the deflection is of the nature of passive endurance or enjoyment rather than of active striving or willing. Among distinguishable occasions on which the phenomenon appears are the following: (1) When something not consciously expected and, at first, inadequately apprehended enters awareness; (2) when a task is concluded with satisfaction or relief; (3) when 'doubt,' 'anxiety,' 'fear,' 'apprehension,' intervene; (4) when states described in such terms as 'admiration,' 'expansiveness,' intervene.

A simple formula to cover these four cases presents difficulty. There is a common 'feeling' element but that in itself is possibly insufficient explanation. If it is right to look for the understanding in complex orectic process rather than in 'conation' or 'emotion' alone, we must seek a common conative element. The changing activity of 'striving' is not a common factor. 'Enjoying' or 'enduring' rather than 'striving' would seem to describe the active element in (2) and (4). The waiting attitude of 'alertness' is not a common factor. Possibly the expectant element in 'alertness' is the factor sought; but case (2) still seems exceptional. On the conative side is needed the equivalent of the purely subjective pathic state that was argued is the common factor in all feeling. Possibly that equivalent can best be described as a change in attentional attitude. Possibly the ultimate basis of the phenomenon is a change from non-voluntary awareness of, to voluntary attention to, a pathic state of the self, coupled, by speedy 'external reference,' with a becoming aware of a possibly 'significant' change in, or differentiation of, the 'presentational continuum.'

C. S. R.