Evidence. Epilepsy may begin with the first menstrual period, and in certain cases may cease at the climacteric. There are records where fits occurred at irregular intervals, to be grouped at the premenstrual period or at the onset of menstruation. There has been much speculation as to the cause of this association. In 72 cases studied by the author it was seen that a high percentage show the premenstrual or menstrual grouping of the fits and that dysmenorrhæa is very common among epileptics. The continuance of the fits beyond the menopause is thought possibly to be due to the formation of the fit habit, overruling the endocrine change.

C. S. R.

**PSYCHOPATHOLOGY.**

[130] Investigation of the acid-base balance in mental cases, with special reference to epilepsy.—Geoffrey SHERA. *Jour. of Ment. Sci.*, 1928, lxxiv, 454.

In the search for somatic disturbance in connection with the insane, either as a cause or as an effect of mental disorder, the acid-base balance has afforded a field of exploration from time to time. Epilepsy, in particular, has provided material for research on these lines. Notwithstanding the hitherto negative character of the results of acid-base studies in epilepsy, it was thought worth while to investigate a number of unclassified new admissions in respect of their acid-base equilibrium and also to compare them with epileptics, and to investigate the reaction of the blood, particularly the alkali reserve, in relation to the fit. Actually some valuable information has been thus obtained which also throws light upon the usefulness of institutional treatment in the early stages of the mental disorder.

All experiments were performed twice on the same specimen, and any inconsistent results were discarded. As compared with the normal subject, the new admissions and chronic cases show a distinct average tendency to acidosis, whereas the epileptics deviate but little from the normal. This points to epilepsy as a disorder in which the disturbance of nutrition and metabolism generally is decidedly less than that of the average mental patient who definitely shows signs of mild acidosis. In relation to meals no pathological variations occurred. In relation to fits, there is in the majority a tendency to alkalosis. There is thus no marked deviation from the normal alkali reserve in epilepsy, which is a remarkable tribute to bodily powers of adjustment under severe stress. Acidosis in new admissions was investigated by means of the blood. In 34 cases there was an abnormal acidosis ratio in 4 cases (9:1, 6:65:1, 9:6:1, 9:02:1) which shows a small but definite percentage of relatively severe acidosis apart from the general average of mild acidosis. In new admissions previous malnutrition as a result of difficulty in feeding may have led to starvation acidosis. On the other hand this will not explain why the chronic case should show a tendency to acidosis. It may be that some depletion of the alkali reserve is an accompaniment of chronic mental disorder with the exception of epilepsy, possibly as a result of toxæmia (dental or alimentary),
or as a result of disordered endocrine metabolism. At any rate, this alteration affords one more instance of faulty metabolism, and in order to guard the patient from further somatic damage the building up of the alkali reserve should, where indicated, be undertaken by means of alkali treatment.

C. S. R.


This paper analyses the results of blood Wassermann reactions on 2,240 epileptic patients in the Craig Colony during a period of eight years. Forty-one patients gave positive reactions, a percentage of less than two, which is much below the average for the general population. Syphilis appeared to be a factor in the causation of epilepsy in only a small proportion of the infected cases. "In those instances where it assumes an etiologic role the syphilis precedes the epilepsy; in those instances where it appears as an incidental element the syphilitic infection is, as far as could be ascertained, likely to run its course independently of the epilepsy. In the former event antiluetic treatment seems decidedly beneficial in ameliorating the consequent convulsive disorder. In the latter event the effect of the antisyphilitic treatment on the course of the epilepsy is very dubious."

J. G. G.


The writer and his co-workers have found this test of practical value in detecting the presence of many somatic disorders, especially in dealing with uncooperative mental patients. The test may be likened to the leucocyte count. The white count varies under normal conditions; it is increased in many diseases, yet not all pathological processes are accompanied by a leucocytosis. So with the sedimentation reaction; it varies with normal limits; it is increased in many disease processes; however, there are many diseases in which the readings remain unchanged. As with the leucocytes, an increased sedimentation reaction, unless due to error of technique, always indicates a pathological state. On the other hand, a normal reaction does not exclude disease. Because the sedimentation reaction is helpful in determining the diagnosis, the differential diagnosis, and the progress of many mental and physical diseases; and because it is an efficacious and reliable detector of many pathological conditions, especially in dealing with the insane, it is of sufficient practical and clinical value to warrant its use as a routine procedure in psychiatric institutions. In a series of over 200 cases it was concluded that the acceleration of the erythrocyte sedimentation reaction varies directly with the amount of mental deterioration, the amount of organic destruction, and the amount of toxicity present. Unless complicated by physical disease, the test reactions are normal in cases of manic-depressive psychoses, psychopathic
personalities, psychoneuroses, and paranoia. Increased readings are found in all cases of senile psychoses, psychoses with arteriosclerosis, general paralysis, neurosyphilis, psychoses with mental deficiency, psychoses with somatic disease, acute types of alcoholic psychoses, in many cases of epileptic psychoses, and involutional melancholia. In dementia praecox the findings in the simple and paranoid types tend to give normal readings, while the hebephrenic and chiefly the catatonic types tend to give slightly accelerated reactions. Cases with marked mental deterioration give increased readings. No cases of dementia praecox gave a marked increase unless complicated by some physical disorder.

C. S. R.


This article contains an account of the case of a young woman of 21, in which treatment along the lines of the individual psychology of Adler was followed by a cure ("Eine Gefahr des Selbstmordes besteht heute nicht mehr"). Stress is laid on the importance of familiarising the public with the usefulness of psychotherapy in cases of suicidal intention, at least in those of a milder type, characterised by hesitation and indecision. The conclusion of such patients, that their life conflict is insoluble, is nothing else than a tragic error, which can be corrected by the psychotherapist.

J. S. P.


The patient was a woman of 52, who was sent to an asylum because of attacks of mania, with delusions of persecution. For some six years previously she had suffered from increasing headache, of migrainous type, occasionally associated with vomiting; at every menstrual period the headache had been "frightful." Later, vertigo accompanied it. At one time, apparently, a suspicion of papilloedema was remarked, but other examinations showed the optic discs to be normal. When the patient came under observation mental symptoms dominated the picture. There was more or less continuous motor agitation, with violence on occasion; flight of ideas; 'klang'—associations in speech, which was often facetious, caustic, ironical, by turns; sometimes almost a glossomania was noted. Neurological examination did not reveal any abnormality.

Post-mortem a large tumour was found in the right temporo-occipital region, which histologically proved to be a meningioma of the psammoma variety.

In the authors' experience a clinical syndrome of this kind is very rare in cerebral tumours; more commonly it belongs to the type of moria. Further, no strict connexion can be established between maniacal syndromes and lesions of the temporal region.

J. S. P.
This paper, after referring to Sherrington's work on the integrative action of the nervous system, summarises in some detail the work of Pavlov and his pupils on conditioned reflexes. The author deals with the importance of inhibition in relation to sleep and refers to the conclusions of Smolensky on the importance of alterations in conditioned-reflex formation in the production of the symptoms of psychasthenia, paranoia, mania, etc.

He points out that many of the conclusions drawn as to human behaviour from the study of conditioned reflexes are only analogies and therefore must be received with caution.

R. G. G

This is a report of an investigation of a group of fifty boys of a training school for delinquents referred to the psychiatric clinic as especially problematic. The study of these cases showed that in the most numerous sub-group behaviour difficulties and ill-adjustment in general were related to mental retardation or deficiency. In twenty-four the intelligence quotient was 75 or below. In none of these cases (with three possible exceptions) was found the characteristic picture of psychopathic personality. The median intelligence quotient of the psychopaths was 87 as compared with 77.5 of the whole group of fifty cases. The main picture shown by the delinquent defective boy among these cases was that of somewhat inhibited demand and a personality characterized by good-nature, pleasure-seeking, and simplicity of conduct, although there may be some signs of timidity. In the more unstable mentally deficient there were the types of behaviour that are related to the anger reactions, such as bad temper and excitability, but none of the persistent behaviour patterns as found in the developed psychopath. A composite picture of the twelve psychopaths showed a prevalence of antagonistic attitudes toward a parent or parent substitute, sensitiveness, restlessness, marked social difficulties, compensatory actions such as lying and stealing, nervousness, bashfulness, and various evidences of ill-adjustment and feelings of insecurity. Among them was found no "lack of moral sense," but there was a tendency to ignore the interests of other people because of the ardour of their own desires. It is among the mentally deficient that the more typical amoral and irresponsible person is found.

C. S. R.

The author seeks to establish a clinical entity under the above name. This condition starts in early childhood in subjects who up to the time of onset have seemed perfectly normal, and progresses to a grave degree of mental
deficiency with loss of speech. It is distinguishable from ordinary mental defect, from juvenile general paralysis, from epileptic dementia and from dementia praecocissima. It is nearly related to amaurotic family idiocy, but blindness does not occur. Two cases are fully described. The whole family except the father gave slightly positive Wassermann reactions; in the case of the latter the test was negative. This makes it doubtful whether syphilis had anything to do with the condition, especially as the examination of the spinal fluid was negative for all tests indicating spirochetal activity. After discussion the author concludes that the morbid process is of the nature of acute diffuse lipoidal neurolysis.

R. G. G.


From their work done among youthful delinquents, the authors conclude that it is not possible to deny the role of heredity in the genesis of the instinctive perversions of childhood. They cannot admit the theories derived from psychoanalysis which negate the importance of constitutional hereditary tendencies and which in particular consider perversions as psychopathic states determined by a disordered childish affective life. It is not denied that in certain cases psychoanalysis will bring to light an inferiority or an Oedipus complex, but this does not explain the mechanism of perversions. In order that complexes can play a part in the mind of the child there must exist a hereditary predisposition, that is to say, tendencies which manifest themselves precociously in the individual and which in their essence persist all through life without modification. Freud himself admits such a predisposition but his pupils, more Freudian than their master, deny such a factor. The question is important, for if the moral perversions of the child are acquired and determined by affective conflicts, an adequate education can prevent them and analysis can cure. Healey has shown that 60 per cent. of a group of children submitted to correctional methods gravitated later towards crime, but he makes the gratuitous statement that a large number of them would have evolved differently had they been better understood and their individual needs been elucidated early. If it is a question of instinctive perverts, all psychotherapy, all psychoanalysis and all education will in no way modify their harmful tendencies. Where individual psychotherapy and psychoanalysis fail, social measures may play a considerable preventible role: if they do not suppress the perversions, they prevent them realizing themselves. Moreover, specific systematic treatment in certain cases gives remarkable results, but it is doubtful how much such measures are only palliative or feebly curative. The study of the heredity of pervers never show that efficacious measures must be preventive and eugenic.

C. S. R.