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Synopses of Papers Awaiting Publication

The Effects of Clomiphene in Impotence. A Clinical and Endocrine Study. By ALAN J. COOPER, A. A. A. ISMAIL, T. HARDING and D. N. LOVE.

Five previously impotent subjects received a therapeutic trial of clomiphene 50 mgm. b.d. for 3 weeks (one subject was prematurely withdrawn because of possible side effects after two weeks). Plasma testosterone was assayed and clinical ratings of sexual function were made weekly, before, during and following administration of the drug. After three weeks' clomiphene the mean plasma testosterone level had increased progressively by over 100 per cent. One week after stopping the drug the levels had dropped significantly towards pre-drug levels. Despite the substantial elevation in plasma levels (and presumably increased synthesis) four out of five patients were unchanged clinically. One subject who improved showed only a minimal increase in testosterone levels. It is concluded that although clomiphene may increase blood testosterone concentration in a proportion of impotent patients this is not associated with symptomatic improvement.

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Interpersonal Patterns in Alcoholic Marriages. By J. B. RAE and J. DREWERY.

The pattern of interpersonal relationships in the marriages of thirty-three hospitalized alcoholics were compared with those of fifty-one fairly representative control marriages using the Interpersonal Perception Technique. The alcoholic marriages were dichotomized in terms of the wives Psychopathic Deviate (Pd) scale characteristics into a Pd and a Non-Pd group. It was predicted that the Non-Pd marriages would closely resemble the control marriages, while the Pd marriages would be extremely deviant. It was further predicted that the nature of this marital disruption in the Pd marriages would be in terms of their failure to present clearly differentiated male and female socio-sexual roles. This hypothesis was tested by developing operationally defined measures of 'masculinity' and 'femininity', 'dependence' and 'independence' and comparing the three groups on these measures. The results confirmed the presence of socio-sexual role confusion and of conflicting dependence/independence needs in the Pd marriages and the absence of this marital stress in both the control marriages and Non-Pd alcoholic marriages.

The clinical importance of this finding lies in the prognostic importance attaching to this marital role conflict. Rae has demonstrated that poor prognosis is closely associated with the Pd characteristics of the marital partners, and the present study discusses this finding in terms of the interpersonal patterns which have been demonstrated.

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Psychoses in Adult Mental Defectives: I. Manic-Depressive Psychosis. By A. H. REID.

Very little is known about the phenomenology, natural history and response to treatment of manic-depressive psychosis in mental defectives, indeed some psychiatrists even go so far as to deny its existence. This paper is based on a survey which was carried out at Strathmartine Hospital (for mental deficiency) and the Royal Dundee Liff Hospital (for mental illness). Twenty-one patients were identified as suffering from a combination of manic depressive psychosis and mental deficiency; of these 3 were idiots, 5 imbeciles, 8 feebleminded and 5 borderline mental defectives. Manic-depressive psychosis could be diagnosed on the usual clinical grounds in feebleminded and borderline mental defectives and in some of the higher grade imbeciles. In more severely subnormal patients diagnosis is open to dispute and each case needs to be individually assessed. Delusions and hallucinations, if present, tend to be florid, naive and grandiose: mood change may be poorly sustained, the presence of depression may be denied, and manic elation tends to have a chaotic, non-infectious quality. Irritability, hysterical symptoms and regression to a more childish level of behaviour are common. Some cases of manic-depressive psychosis, especially those with a florid mixed affective symptomatology, appear to run a short course, but in most cases there is nothing particularly unusual about the natural history of the

psychosis. Attacks of manic-depressive psychosis in higher-grade mental defectives appear to respond normally to physical methods of treatment.

Psychoses in Adult Mental Defectives: II. Schizophrenic and Paranoid Psychoses. By A. H. REID.

Some psychiatrists have maintained there is a distinctive type of schizophrenia occurring in mental defectives, and for this the German term, pfropf-schizophrenia' has been coined; others have suggested that the repetitive, stereotyped movements seen in some idiots represent a primitive form of catatonic schizophrenia; many psychiatrists doubt whether it is possible to diagnose schizophrenia in patients with an I.Q. much below 50. This paper is based on a survey which was carried out at Strathmartine Hospital (for mental deficiency) and the Royal Dundee Liff Hospital (for mental illness). Two imbeciles, 8 feebleminded and 2 borderline mental defectives were diagnosed as suffering from a schizophrenic psychosis, and 2 imbeciles and 5 feebleminded mental defectives were diagnosed as suffering from a paranoid psychosis. The author found it was not possible to diagnose these psychoses in patients who had never been able to communicate verbally, and this excluded making the diagnosis in idiots. In the schizophrenics delusions were sometimes naive, and ideas of influence were not seen in patients with an I.Q. much below 50. Paranoid patients were more angry than distressed, and delusions tended to involve other patients and members of staff, which made for difficulties in management. There was nothing particularly unusual in the natural history of these psychoses, though it seems that schizophrenia may run a rather more benign course in mental defectives. The numbers involved were, however, very small. There appeared to be an association between paranoid psychosis and certain physical conditions, including major chromosomal abnormalities, and disorders of vision as well as of hearing.

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Speed of Function, Thought-Process Disorder and Flattening of Affect. By JOAN W. DRAFFAN.

The speed of function of a group of 24 schizophrenics was examined in a variety of tests. The results indicated that (1) mental speed can be distinguished from psychomotor speed within schizophrenics; (2) non-paranoid schizophrenics were not significantly slower than paranoid schizophrenics on either psychomotor or mental speed; (3) neither psychomotor nor mental speed was significantly related to chronicity; (4) neither psychomotor nor mental speed was related to thought-process disorder, as measured by the Bannister-Fransella Grid Test; (5) neither psychomotor nor mental speed was related to flattening of affect as measured by Dixon's (1968) technique.

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Do Mental Events Exist? Psychological Adumbrations. By J. J. RAY.

It is argued that the present state of neurophysical knowledge and theory does give grounds for an explanation of all those phenomena normally held in some quarters to be irreducibly 'mental'. Suggestions are made as to *what* physiological events particular mental events could be made up of. It is proposed that perception should be regarded as a response and that the problem, 'What is consciousness?' should be treated as an empirical one—the tentative answer proposed being: 'All those responses accompanied by an orienting response.' It is concluded that peculiarly 'mental' events do not exist.

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On the Arousal State-Dependent Recall of 'Subconscious' Experience: Stateboundness. By R. FISCHER and G. M. LANDON.

An experience—it is submitted—arises from the coupling of (1) a particular level of central nervous system arousal with (2) a specific symbolic (perceptual-behavioural) interpretation of that arousal, and can be conceived as a *level* of self-awareness. A past experience can therefore be evoked in two ways: by inducing—'naturally', hypnotically or with the aid of drugs—either the particular level of arousal; *or* by presenting some

symbol (such as an image, melody or taste) which stands for the interpretation of that arousal. An important aspect of such *state-bound* experiences is the *amnesia* observed between the 'normal' arousal levels of daily routine and states of ergotropic and trophotropic (hyper- and hypo-) arousal.

Although this amnesia between different levels of self-awareness is commonly referred to as 'the subconscious', there are as many layers of self-awareness as there are levels of arousal and corresponding interpretations in the individual's perceptual-behavioural repertoire. Like the captain with girl-friends in many ports, each girl unaware of the existence of the others and existing only from visit to visit (that is, from state to state), we all live multiple existences: from one waking state to another, from one dream to the next, from one sodium amytal narco-analysis to the next, and from one creative artistic, religious, or psychotic experience to another creative, artistic, religious, or psychotic experience.

If we operationally define *space* as *data content*, and *time* as *rate of data processing*, stateboundness manifests itself as memory retrieval of a particular data content at that specific rate of data processing which prevailed during the initial experience. Since it has been shown that the rate of information-processing is a function of the level of ergotropic (high) or trophotropic (low) arousal, the phenomenon of stateboundness implies that retrieval of the data content of a particular experience is optimal only at that specific rate of data processing which corresponds to the level of arousal prevailing during the intial experience.

Part II of this paper applies our finding that the linguistic structure of texts written during states of intense ergotropic arousal, drug-induced or 'natural', is characterized by a simplified syntax. Our results imply that both the level of arousal and the symbol of an experience can induce comparable changes in syntax. Specifically, we show that a symbol of high emotional significance to a volunteer can further simplify the syntax of texts written during a hallucinogenic drug-induced state, the simplification being nearly as great as that which we observe between the drug and the non-drug states. On the other hand, a symbol of low significance to the volunteer reduces the level of drug-induced arousal, as evidenced by a more complex syntax.

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Urinary Creatinine in Drug-Excretion Studies in Chronic Schizophrenics. By S. SVED, A. PERALES and H.-P. HOULE.

The use of creatinine as a basis for expressing drug excretion rates was re-examined, in an attempt to eliminate the difficulties encountered during collection of 24-hour urine samples in ambulant chronic schizophrenics.

The rate of creatinine excretion during the morning hours, measured in carefully timed specimens, was found to be 46·4 mg. per hour in normal women and 76·4 mg. per hour in normal men. This amounted to 0·88 mg. per hour per kg. body weight for both sexes.

The hourly rate of excretion of creatinine in hospitalized alcoholics, as well as of creatinine and chlorpromazine sulfoxide in chronic schizophrenics, were found to be extremely variable, the standard deviations amounting to 50–90 per cent of the means. However, when the urinary chlorpromazine sulfoxide was expressed on the basis of creatinine, the standard deviations fell within acceptable levels, being about 20 per cent of the means. Under these conditions, the amount of urinary metabolite per mg. creatinine multiplied by the body weight in kg. approximately equals the excretion rate per hour.

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Depressive Typologies and Response to Amitriptyline. By E. S. PAYKEL.

Eighty-five depressed women were treated with amitriptyline for four weeks. Prediction of outcome was examined using three alternative depressive typologies.

The first typology was a classification previously derived by multivariate cluster analysis and comprising four groups: psychotic depressives, anxious depressives, hostile depressives, and young depressives with personality disorder. This typology predicted outcome significantly. Psychotic depressives showed the greatest improvement and anxious depressives the least, with the remaining two groups intermediate. When effects of initial severity were controlled for by analysis of covariance, the poor response of anxious depressives was the main finding.

Clinical diagnoses of psychotic and neurotic depression were also used to classify patients. These assignments overlapped with the cluster analysis typology, psychotic depressives corresponding in both typologies, while anxious depressives, hostile depressives, and young depressives with personality disorder

all tended to be diagnosed as neurotic depressives. However, the psychotic-neurotic dichotomy did not significantly predict improvement, apparently because it failed to isolate the anxious depressives from the heterogeneity of neurotic depression.

Patients were also assigned to the three groups of retarded, anxious and hostile depressives previously described by Overall and Hollister. This typology overlapped, although somewhat weakly, in group membership with the four group cluster analysis typology. Prediction could not be tested adequately, since there were very few retarded depressives in this sample.

The findings are consistent with other reports that neurotic depressives show worse response than psychotic depressives to tricyclic antidepressants, but indicate that the poor response is particularly associated with one group of anxious depressives within the heterogeneity subsumed in neurotic depression.

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A Diagnostic Index Used at Two Psychiatric Hospitals. A. M. P. KELLAM.

A diagnostic index which was introduced at two psychiatric hospitals, and which proved acceptable to the staff in view of the minimal extra work involved, is described. A study of a group of patients at each of these hospitals showed that reasonable agreement (80 per cent) could be achieved in assigning cases to the diagnostic categories of the International Statistical Classification of Diseases, when the Glossary of Mental Disorders was used. In the indexing, based on a simple card file, between 80 per cent and 95 per cent of the cases were correctly recorded.

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Phobias and Nervous Symptoms in Childhood and Maturity: Persistence and Associations. K. ABE.

The prevalence and past history of phobias and minor nervous symptoms were examined in 242 mothers of children visiting a municipal clinic for routine physical and psychological check up.

Symptoms studied at interview were: phobias of thunder, animals, injection, of going out of doors alone, and of crowded places; hypochondriasis; habitual headache; insomnia; globus hystericus; 'indecision', and 'anxiety symptoms', including palpitation, shortness of breath, faintness and feeling of impending death.

Information on childhood symptoms and phobias of these mothers had been obtained from their respective mothers, i.e. the maternal grandmothers of the children receiving the check-up, by mailed questionnaire.

It was found that those who often lost sleep over worries during childhood were significantly more likely than those who did not, to develop anxiety symptoms as adults; and that phobia of thunder, habitual headache, insomnia over worries and 'indecision' tend to persist from childhood up to maturity.

The mothers were then divided into two groups; those aged below 30 and those over 30. The proportion of persistence of the above four symptoms from childhood was less in the older age group, which suggests that these symptoms persisting from childhood may in a significant proportion of cases disappear spontaneously after a few adult years.

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