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*Brain Changes in Electroshock Therapy*

1. The brains of 4 patients who died following electroshock treatment were studied.
2. A massive intraventricular hemorrhage was found in one. The other 3 had petechial hemorrhages, particularly in the periaqueductal gray matter and brainstem.
3. Only 1 case could be considered a cerebral death, the other 3 dying of cardiac failure.
4. The literature on animal experiments and reports on human beings are reviewed and discussed.
5. If the individual being treated is well physically, most of the neuropathological changes are reversible. If, on the other hand, the patient has cardiac, vascular, or renal disease, the cerebral changes, chiefly vascular, may be permanent.

(Author's Abstr.)

*The Effect of Mescaline on Differentiated Conditional Reflexes*

Mescaline produced an inhibitory state accompanied by a schizogenesis or dissociation of systems. This disharmony was also manifested in that the CS appeared to act in the same manner as the US. On this basis a neurodynamic theory of the mechanism of mescaline's actions is postulated: that under mescaline intoxication and in some mental illnesses, a dissociation of the second and first signaling systems and the unconditional reflexes occurs in which each signaling system acts as if it were the same as the more primitive system on which it is based. The secondary signals—words and ideas—come to act like the primary signals of sensations and direct impressions of reality. This theory may help explain certain psychological phenomena, e.g. dreams, hysteria, compulsions, delusions and hallucinations. While the content of these phenomena depends on the personality of the subject and all the environmental factors that determine this personality, their mechanisms are physiological, regardless of whether one prefers a pathophysiological or psychogenic etiology. Based on our experimental findings and the work of others, a neurodynamic pathogenesis of the psychological effects of mescaline is described.

(Authors' Abstr.)

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*On Going Berserk: A Neurochemical Inquiry*

The ingestion of hallucinogenic mushrooms by Siberian tribes of the Kamchatka peninsula and by Indians of the Mexican highlands has been carried out in ritual and orgy for centuries. Ødman and Schübeler have advanced the hypothesis that the furious rage of the Berserks in the heyday of Viking culture a thousand years ago was brought about by the same agency, specifically the Amanita muscaria mushroom. A few years ago it was found that these fungi contain bufotenine, or n-n-dimethyl serotonin, a substance which is under scrutiny at this time for its possible neurochemical role in the causation of schizophrenia. Recent observations on the intravenous injection of bufotenine in man disclose that it is an hallucinogen, and that its psychophysiological effects bear a resemblance to the Berserksgang of the Norsemen in the time of the Sagas. These observations appear to offer support to the Ødman-Schübeler contention that the famed fury of the Berserks was what we would call a model psychosis today.

(Author's Abstr.)

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*Chlorpromazine and Reserpine*

(A) Effects of Each and of Combinations of Each with Morphine.

(B) Failure of Each in Treatment of Abstinence from Morphine.

In non-tolerant former opiate addicts, chlorpromazine enhanced the miotic effects of morphine and prolonged some of the subjective effects. One milligram of reserpine given orally and concurrently with 30 mg. of morphine subcutaneously did not increase the effects of morphine.

In patients addicted to morphine, neither chlorpromazine nor reserpine administered orally or intramuscularly reduced the intensity of abstinence from morphine.

(Authors' Abstr.)

*Reserpine in Hospitalized Psychotics*

The data obtained may be summarized as follows:

1. No difference between the reserpine group and the placebo group appeared in the 28 chronically disturbed psychotic women until 8.0 mg. of reserpine was administered daily.

2. The placebo group did not differ from the group who were given no pills.

3. On the basis of an analysis of the scores on the individual items of a psychiatric rating scale, reserpine in adequate dosage was found to produce statistically significant improvement in socialization as compared with a placebo, but no other items showed improvement which was within the 0.05 level of confidence.

4. Great variation in amount and duration of improvement occurred, so that no patients were well enough to be discharged and all who had improved relapsed partially while receiving the same amount of reserpine, suggesting an escape from the medication effect.

5. Fifteen weeks after medication was discontinued, the mean rating scores of all three groups had returned to the base line level of abnormality.

(Authors' Abstr.)

*Clinical Relationship of Enuresis to Sleepwalking and Epilepsy*

In the course of a series of exploratory studies designed to provide further avenues for therapeutic and theoretic research into symptomatic immaturity habits, it becomes necessary to elaborate the clinical relationships of enuresis, somnambulism, epilepsy, and poor quality of dentition.

The findings after interview with 200 enuretics and 200 controls show that the enuretic has a statistically significantly greater family and past history of enuresis, sleepwalking, and epilepsy and a greater past history of epilepsy. The enuretic is more likely to have inferior dentition.

Theoretically, in some cases, epilepsy, enuresis, and somnambulism may represent different manifestations of a similar biophysical aberrancy. This abnormality may have been genetically determined and result in "seizures" as a consequence of pathophysiologic changes during sleep which are influenced by emotional duress. The research implications and diagnostic use of such a relationship are discussed.

(Authors' Abstr.)

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*Cerebrospinal Fluid Thrombocyte-Agglutinating Substance in Multiple Sclerosis*

In multiple sclerosis plaques seem to occur at certain sites of predilection, that is, around the small veins in the central nervous system and periventricularly. On the basis of Putnam's thrombus theory, 10 patients with multiple sclerosis were investigated to see whether in the cerebrospinal fluid changes could be demonstrated which might explain the localization of plaques. The result of the investigations was that in connection with the periods of progression the cerebrospinal fluid contains a thrombocyte-agglutinating substance. It could be considered a reasonable explanation of why plaques occur at special sites of predilection to presume that the cerebrospinal fluid in periods of progression contains a thrombocyte-agglutinating substance which penetrates into the small veins of the central nervous system. By this means the thrombi, which consist of masses of agglutinated platelets, would arise.

(Author's Abstr.)

*Ability to Discover Hidden Figures After Cerebral Lesions*

Sixty-four men with traumatic, penetrating brain wounds, and forty-three controls with peripheral-nerve injury were tested on a hidden-figure task. Although none of the brain-injured groups, differentiated on the basis of locus of lesion, differed one from the other, all brain-injured sub-groups were significantly inferior to controls. When the brain-injured population was subdivided according to presence or absence of neurologic defect, neither those with visual field defect, nor those with epilepsy, nor those with somatosensory defect were more impaired than brain-injured persons without such defects. The group with aphasia, however, performed significantly worse than the non-aphasic brain-injured group, which, in turn, was surpassed by the controls. These differences remained, even after statistical elimination of present differences in intelligence.

(Authors' Abstr.)

*Behavioral Changes During Intracerebral Electrical Stimulation*

This report deals primarily with the observed behavioral changes consequent to electrical stimulation of various sites within the substance and on the cortex of the frontotemporal region in a boy with psychomotor epilepsy. The implanted-electrode technique was utilized, so that observations were on the awake subject over the course of several days. The method of psychological observation was the interview, continuously recorded, and conducted by an independent observer while stimulations were applied. The psychological data were analyzed clinically and also in such a way as to allow statistical treatment and quantitative statements concerning the behavioral changes without contamination by preconceptions of the effects of stimulation. Stimulation of various areas evoked a range of manifest responses extending from direct sensory experiences (predominantly mouth sensations) to changes in complex behavior patterns. These latter were most uniquely reflected in verbalizations of feminine strivings. There was a tendency toward area differences in the type of responses which stimulation evoked. There was also an observed difference in the types of responses in different interview situations. The possible significance of these observations is briefly discussed. It is suggested that stimulation might alter the balance between drive and defence.

(Authors' Abstr.)

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*Ultrasonically Produced Changes in the Blood-Brain Barrier*

The effect of focused ultrasound on the blood-brain barrier was studied in cats. The animals were killed from 10 minutes to 5 days after irradiation, having received single intravenous injection of radioactive phosphate and trypan blue within 10 minutes to 3 hours before death.

Ultrasound-produced lesions stained selectively with trypan blue. They also revealed large  $P^{32}$  concentration as compared with the surrounding normal brain tissue. The variation of the  $P^{32}$  concentration of the lesions with time elapsed from the administration of the isotope directly follows the changes in plasma  $P^{32}$  concentration. Such a linear relationship does not exist between normal brain tissue and plasma. These observations point to a profound alteration of the blood-brain barrier permeability within the confines of lesions produced by ultrasound.

Small lesions show a uniform deposition of trypan blue and  $P^{32}$ . Large lesions frequently reveal an "island-and-moat" pattern, with greater tissue destruction and tracer deposition in the moat than in the central island.

Gray matter, whether cortical or nuclear, was found to be more resistant to ultrasound than white matter.

The mode of actions and usefulness of trypan blue and  $P^{32}$  as tracers are compared and discussed.

The microscopic picture of cerebral damage produced by ultrasound is presented with special regard to the significance of vital staining and to the morphological changes of neurons. (Authors' Abstr.)

*Studies on Lysergic Acid Diethylamide (LSD-25)*

In former opiate addicts, the diethylamide of lysergic acid induced anxiety, mood changes, feelings of unreality, visual perceptual distortion, optical hallucinations, depersonalization, and derealization. Concomitantly, resting blood pressure was elevated, pupils were dilated, and the tendon reflexes were accentuated. Characteristics of the LSD reaction appeared to be the same in former opiate addicts and in non-addicts.

The degree of both the "mental" and the "nonmental" changes increased with the dose of LSD. The intensity of the reaction induced by LSD remained the same when the same dose was repeated after an interval of a week or more.

When LSD was given daily, tolerance was evident after administration for only three days. After tolerance was well developed, administration of as much as four times the standard dose of LSD did not restore the original intensity of the reaction. On discontinuation of LSD, tolerance was lost as rapidly as it was developed.

(Authors' Abstr.)

*Temporal Lobectomy With Removal of Uncus, Hippocampus, and Amygdala*

A completely disabled patient with medically uncontrolled psychomotor seizures who shows a consistent unilateral electrical focus in the anterior temporal region has a 41 per cent. chance of being free from all seizures for five years after temporal lobectomy. There is a 78 per cent. chance of being free from psychomotor seizures, a 58 per cent. chance of being free from grand mal seizures only, a 66 per cent. chance of attaining freedom from disturbing psychiatric complaints, and an 86 per cent. chance of gaining economic independence. In summation, two of three patients will gain a successful operation when all practical factors have been totally evaluated. This compares favorably with results in many other neuro-surgical procedures employed today. These deductions are based on the results in 36 patients who have been followed for an average of five years since one anterior temporal lobe was removed. It is essential that the removal include not only the temporal tip but also the uncus, the hippocampal gyrus, and the amygdaloid nucleus.

(Author's Abstr.)

*Effects of Chlorpromazine on Chronic Lobotomized Schizophrenic Patients*

Twenty male lobotomized schizophrenics, who had been hospitalized an average of 10 years, were divided into two groups matched for age, duration of hospitalization, years since

lobotomy, and psychiatric status (Malamud-Sands Rating Scale). One group was given placebos and the other chlorpromazine by mouth, on a double-blind basis. When the chlorpromazine dose was increased to 800 mg. daily, the scores on the rating scales for two groups were differentiated, the placebo group showing little or no change, whereas the chlorpromazine group showed a significant trend to betterment in their scores. An analysis of 15 items which were used in the rating scale showed that on 4—responsivity, socialization, perception (hallucinations), and thought processes—the improvement in the chlorpromazine group was statistically significant.

(Authors' Abstr.)

*Adrenal Cortical Function in Anxious Human Subjects*

Plasma hydrocortisone level and urinary hydroxycorticoid excretion was 60 per cent. and 70 per cent. greater, respectively, in anxious subjects on a "base day" than in normal controls. The elevated blood and urine levels were maintained in the anxious subjects over a four-day testing period. When a stress interview was administered to every anxious subject on each of the last three days, it failed to increase significantly either the blood or the urine hormone levels in the group as a whole. When the stress days were segregated into high, medium, and low days for each subject, the change in plasma hydrocortisone level was significantly greater on the day of greatest increase in anxiety. The elevated plasma and urine hormone levels in the anxious subjects are taken as evidence that the adrenal cortex is secreting at a higher rate than in normal controls.

(Authors' Abstr.)

*Delirium With Low Serum Sodium*

Reduction of sodium concentration in the blood is capable of causing delirium. This, in turn, is reversible by the administration of sodium.

Some of the mechanisms by which serum sodium is reduced are discussed, with particular attention to those encountered in major surgery and in the treatment of cardiac edema. A dangerous combination of sodium-depressing mechanisms is seen to occur when sodium-depleted cardiac patients undergo major surgery.

From a survey of 27 patients who had mitral commissurotomies, 3 cases of low sodium delirium are reported. Symptoms began only when the serum sodium reached 121 mEq/L or lower. However, clearing occurred only when the level returned to 130 mEq/L or higher.

That delirium may also occur without major surgery was apparent in a case in which stringent deprivation and diuresis of sodium were used in the treatment of cardiac edema.

Since delirium may be the only detectable sign of sodium depression, it is suggested that a serum sodium determination be done in any undiagnosed disturbance of consciousness occurring within the first week after major surgery. Levels below 130 mEq/L would direct treatment toward careful restoration of the sodium or to dehydration to increase its concentration. An abrupt favorable response to this may be considered a confirmatory diagnostic test, although complete clearing of delirium may not occur for days. Levels above 130 mEq/L would direct attention to other possible causes of the delirium.

(Author's Abstr.)

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*The Entorhinal Area: Behavioral, Evoked Potential, and Histological Studies of Its Interrelationships With Brain-Stem Regions*

1. The entorhinal area has been studied in the marsupial phalanger (*Thrichosurus vulpecula*). It has been removed by a procedure causing minimal damage to the hippocampus and amygdaloid complex.

2. Bilateral resection of the entorhinal area is followed by an immediate and sustained reduction in the phalanger's normally aggressive responses to handling or provocation by noxious stimulation. Unilateral removal of the area does not significantly modify the aggressive behaviour. Animals with a bilateral ablation also exhibit a profound curiosity not seen in the intact animal and are aroused particularly by moving objects. Although displaying considerable tameness after bilateral resection of the entorhinal area, the phalanger still appears capable of sustained and directed attention.

3. Evoked potential studies have been made in ablated and intact animals of the hippocampal and auditory responses to click and tone stimulation. No evidence of a tonotopic organization of the auditory cortex could be found in curarized animals, nor could occlusion ("blocking interaction") be detected between auditory and somatic responses in somatic area II.

4. Records from the hippocampus following bilateral removal of the entorhinal area continue to show both primary responses and slow-wave trains in response to auditory stimulation. Simultaneous records from the auditory cortex usually show trains of spindles at 8 to 10 per second following the primary response in the ablated animals. Such spindle-trains have been sought in unoperated animals but have been seen only rarely, and then only after exposing the animal to continuous stimulation for many hours. The relationship of these spindles to those seen in normal sleep and in mid-brain lesions is discussed.

5. Experimental histological studies of the efferent pathways from the entorhinal area by silver impregnation methods strongly suggest direct connections between the entorhinal area and the tegmental regions of the mid-brain. This pathway runs initially via the external capsule into the anterior commissure and is then distributed bilaterally through the stria medullaris, coursing posteriorly on the dorsal surface of the thalamus. The fibres terminate in the dorsal tegmentum of the mid-brain adjoining the periaqueductal grey matter.

6. The role of the hippocampus in the process of alerting is discussed in the light of these and other studies. It is suggested that the hippocampus may be connected with deep centres in the diencephalon and mid-brain (the so-called "reticular areas" of the brain stem) by two routes. The hippocampus is activated from the septum and intralaminar nuclei of the thalamus via the fornix bundles. It is suggested that the hippocampus may project via the entorhinal area to the mid-brain tegmentum by way of the stria medullaris, thus forming part of a re-entrant pathway into the reticular formation, which is itself powerfully concerned in sleep and wakefulness.

(Authors' Abstr.)

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#### *The EEG in Cerebral Atrophy*

EEG data on 25 cases with cerebral atrophy as shown by PEG have been presented and related to pneumoencephalographic and clinical findings. The results were compared with the findings of other workers reported in the literature. The following conclusions were drawn.

1. The EEG is more often than not abnormal in patients whose PEG's show cerebral atrophy. There is a rough relationship between presence of EEG abnormality and the degree of structural change. All kinds of EEG abnormalities are observed in such cases, with slow activity being the most common.
2. The EEG does not provide valid indication of the location or distribution of structural changes as revealed by the PEG.
3. There is a definite relationship between the presence of EEG abnormality and the occurrence of seizures. Seizure discharges, however, occur in only a minority of such cases.
4. There is no EEG feature pathognomonic of cerebral atrophy.
5. The PEG and the EEG are not necessarily indicators of the same pathological phenomena, but provide complementary information.

(Authors' Abstr.)

#### *The Use of Chlorpromazine in Psychotherapy*

1. Four patients in psychotherapy were carried for 10 weeks on gradually increasing doses of chlorpromazine (50 mg. to 400 mg. daily), at the end of which time the medication was suddenly discontinued. This was followed (or preceded) by 10 weeks on a chlorpromazine placebo (a double-blind experiment).

2. Careful notes were made of the psychodynamic changes which took place in each patient.

3. No effects which could be specifically attributed to the chlorpromazine were demonstrated during the gradual build-up and continued treatment with the drug. However, when it was suddenly discontinued, there was a dramatic change in each patient. These changes were reviewed and discussed.

4. The results of this investigation suggest that chlorpromazine is useful in psychotherapy when it reduces internal disturbance enough to allow good contact with the therapist. On the other hand, psychotherapy may be impeded by a dosage which is high enough to dull the affects and/or the motivation for treatment.

(Authors' Abstr.)





2. The factors responsible for the test reactions are briefly discussed and related to the presence in the urine of a substance with an indole nucleus, other than indole, possibly tryptophan or its metabolites.

(Author's Abstr.)

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*The Incidence, Composition, and Pathological Significance of Intracerebral Vascular Deposits in the Basal Ganglia*

Present knowledge of these vascular deposits in the basal ganglia is still in the recording stage. Although it is probably premature to speculate too intensively on their significance, a few conclusions do emerge from this study.

Granular, deeply basophilic, perivascular deposits are found in the basal ganglia in 68.5 per cent. of routine autopsy cases. They consist of an acid mucopolysaccharide ground substance containing iron, but only rarely calcium. Although it is fairly safe to label the organic material of the deposits as acid mucopolysaccharide, this does not solve much of the problem. Acid mucopolysaccharide substances are often seen with so-called "changes" in the ground substance of connective tissue. Since there is no connective tissue ground substance in the central nervous system (16), the perivascular location of these deposits becomes very significant. It tends to support the postulate (16) of a vascular rather than nervous tissue origin of the deposits. Chronic fatigue and anoxia produce an accumulation of mucopolysaccharide ground substance in interstitial tissue around capillaries separating the parenchyma from the source of nutrition and causing impaired nutrition and accumulation of excretory substances. These changes might appear first in such susceptible areas as the globus pallidus which is apparently highly sensitive to anoxia.

Correlation with a process, more specific than anoxia, is more difficult. Although there is a striking absence of the deposits in the infectious disease group, there is no general evident correlation of their occurrence with any particular type of disease. A definite increase in incidence of the deposits with increasing age is completely independent of the type of disease process present. It could be explained by more frequent exposure to short periods of anoxia occurring during a longer life time.

This incidence is increased with certain types of chronic cerebral lesions, however, there is no greater likelihood of their containing calcium. Arteriosclerosis could not be shown to belong to this group. Again, a correlation with local tissue anoxia around these chronic lesions suggests itself.

If the deposits are present, calcium metastases from destructive bone lesions increase the likelihood of their being calcified. However, they have no influence on the incidence of the deposits. Whether this is also true for hypo- and hyper-parathyroidism would be of great interest. It is also an interesting but unanswered question whether the large series of cases of vascular deposits reported with hypoparathyroidism (19) merely represents a striking calcification, or whether this metabolic disturbance influences the incidence of the deposits as well.

(Authors' Abstr.)

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*Circulatory and Respiratory Changes Induced by Electrical Stimulation of Limbic System (Visceral Brain)*

1. In 25 cats and 13 monkeys multilead electrodes were implanted on both sides in different parts of the limbic system of brain. After recovery these areas were stimulated electrically in normal animals, while their B.P. and respiration were recorded through carotid and tracheal cannulae.
2. Stimulation of the frontal lobe structures generally caused a rise in B.P. and of the temporal lobe structures generally a fall. Temporal polar stimulation gave a rise in B.P. in cat and a fall in monkey.
3. Both increase and decrease in heart rate were elicited by stimulation of all regions, and these changes had no relation to the rise or fall of B.P.
4. Respiration was also inhibited in the majority of temporal lobe stimulations and accelerated in the majority of frontal lobe stimulations, but opposite effects in some animals were also obtained.

(Authors' Abstr.)

*Conditioned Reflexes Established to Electrical Stimulation of Cat Cerebral Cortex*

A 2 sec. train of 50/sec., 2 msec. pulses delivered through bipolar electrodes permanently implanted with 1 mm. of the surface of the cerebral cortex served as a conditional stimulus for foreleg flexion, the conditioned reflex. At the marginal gyrus initial training of 18 cats to a criterion of 15 responses in 25 daily stimulations required 44-367 trials, which was equivalent to that needed for eight other animals conditioned to tonal or photic stimuli.

Of 85 cortical points assayed, 15 did not yield this criterion, but within the marginal, postlateral, middle suprasylvian and middle and posterior ectosylvian gyri no areas were found "silent" in this regard. It appears possible, however, that with further experience some portion of the middle suprasylvian area may be found more refractory to this procedure than other cortical regions.

Since it is possible to establish conditioned reflexes to electrical stimulation of the dura mater, with no outward evidence of pain and with the use of the same parameters as for the cortical conditioning, caution is necessary in interpreting a response as arising exclusively from direct excitation of cortical neurons. It is possible to circumvent this potential source of artifact since: (a) stimulation of extracortical elements can usually be detected by concomitant changes in skin resistance, (b) the meninges were found to become insensitive 3-5 mm. lateral to the midline, (c) bilateral trigeminal neurotomy effectively denervated the regions pertinent to this study. The latter procedure did not disturb responses conditioned to cortical stimulation. Removal of both cortex and meninges in the region of electrode implantation permanently abolishes the conditioned reflexes, thus excluding possible undetected artifacts in this procedure.

Proof of both the adequacy of controls and the reality of direct cortical conditioning makes possible a variety of neurophysiological experiments on the role of the cortical system in learned behavior.

(Authors' Abstr.)

*Physiological Evidence of Localized Cerebellar Projections to Bulbar Reticular Formation*

Physiological investigations on cerebello-reticular relationships were performed in decerebrate cats, using monopolar D.C. stimulation of the cerebellar surface and single unit recording from medial bulbar reticular units. The following results were obtained.

1. Cerebellar modulation of reticular spike discharges was elicited by stimulating the vermal surface of the anterior lobe (generally Larsell's lobules IV and V). Higher intensities were required for eliciting responses from the intermediate part and it is likely that these effects were due to physical or neural spread from the vermal cortex. Stimulation of Crus I was certainly ineffective.

2. Some of these reticular units were driven diffusely by stimulating the whole surface of the anterior vermis, whereas others appeared to be influenced by a single folium and even by the ipsilateral part of it, if threshold stimulations were used.

3. The strictly localized cerebello-reticular relationships were due to volleys arising in the area immediately underlying the "different" electrode, as shown by the decrease of threshold following localized strychninization and by the much higher intensities of current which were required after suction or cocainization of the active area.

4. It is suggested that the diffuse vermal effects were obtained whenever the units acting upon the reticular formation were localized in the deep portions of the cerebellar folia.

5. The responses suggesting point-to-point cerebello-reticular relationships were often extremely resistant to barbiturates. Polarity, shape and voltage of the spikes were not modified by cerebellar polarization.

(Authors' Abstr.)

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*An Experimental Study of Psychogalvanic Reflex Responses of Normal, Neurotic and Psychotic Subjects*

It is a widely held hypothesis that neurotics are differentiated from normals by greater emotional lability and reactivity, and consequently by greater autonomic responsiveness. The author's data failed to support this hypothesis; the neurotic group is not differentiated in terms of responsiveness but rather in their slower rate of "calming down". Neurotics have high resistances initially, though not quite as high as psychotics. They can be further separated from the psychotic group by considering the trend of their scores during the first five minutes of a rest period, which indicates that they are much slower to show an increase in resistance over the initial basal score than are either psychotics or normals, whose recovery is of equal rapidity.

Psychotics, conversely, are often believed to be hypoactive emotionally and autonomic-ally, and this part of the author's hypothesis was borne out in so far as their response curves run at a higher level of resistance throughout the experiment. However, changes in resistance, consequent upon different stimuli, when calculated independently of basal scores, did not differentiate psychotics from normals or neurotics as might have been expected from this general hypothesis.

With respect to the units in which change scores can best be expressed, the author's findings did not accord with those of other investigators. It proved impossible to find change scores which (1) had low correlations with basal scores and also (2) produced significant differences between the three groups. Correlations between different change scores differed from group to group for any given stimulus and from stimulus to stimulus for any one group in a manner quite unpredictable and impossible to reduce to any consistent rule. It would seem that little progress is likely to be made in working with the P.G.R. until the theoretical issues raised by these findings can be resolved.

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*Influence of Emotional Stress on the Renal Circulation*

Cats reduced to a state of emotional stress after confrontation with a barking dog exhibit a profound alteration of the renal circulation. The cortex is more or less strongly anemized. This is evidenced on intravital injection of India ink either as an irregular mottling, or as a uniform absence of ink in the cortex, whereas the medulla is hyperemic or strongly ink injected. No diversion of the blood or India ink through the juxtamedullary glomeruli is noted. The tendency of the renal cortex to become anemized under psychogenic influence with the subsequent release of pressor agents ought to be regarded in a consideration of the pathogenesis of essential hypertension.

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