A Peculiar Form of Involutional Psychosis with a Preponderance of Negativistic Phenomena: Dysphrenia Antitonica [*Eine besondere Form von Involutionspsychose mit vorwiegenden negativistischen Erscheinungen: Dysphrenia antitonica*]. (*Psych. - Neur. Wochens., No.* 19, *May* 17, 1927.) *Van der Scheer, W. M.*

This syndrome is found in women between the ages of 44 and 56. There is first a stage of agitation and restlessness, with anxiety and apprehension and the formation of delusions in keeping with the mood. The delusions are always of impending destruction—the patient is about to be burned, the world is coming to an end, etc. At the same time there is a senseless resistance to every form of attention or treatment, and negativistic tendencies are marked. The patient will, for instance, refuse food offered her, but will steal it from other patients. These negativistic symptoms become the dominant feature. Every external stimulus produces a marked reaction, and this is invariably a negative one. All questions put to the patient are answered negatively, and all suggestions for treatment are refused. The patient becomes more and more resentful of interference and inaccessible; at times she appears confused and perplexed, but the intensity of the symptoms diminishes gradually, and the patient settles down into a state of chronic dementia. In this stage stereotyped attitudes and degraded habits may be noticed, though katatonic symptoms are absent. The characteristic resistiveness persists throughout.

The author discusses the resemblance of the psychosis, in its early stage, to that of agitated melancholia, and later to katatonia. The clinical picture does not, however, exactly correspond to either of these conditions. The resistiveness appears to depend on a general attitude of suspicion and distrust, and this in turn may depend on confusion and failure of apprehension, such as may be caused by a chronic intoxication. Apart, however, from any theory of causation, the author believes the syndrome to be a distinctive one, and to be aptly designated by the name "dysphrenia antitonica." A. WALK.

Mental Conditions in the Aged. (*Arch of Neur. and Psychiat., August,* 1928.) *Rhein, J. H. W., Winkelmann, N. W., and Patten, C. A.*

The authors selected 100 cases out of 500 and carefully studied the vascular pathological changes. Based on these autopsy studies they divide the mental changes of the aged into four groups:

The first group, in which the larger vessels showed the predominant change with a more or less uniform appearance of gross areas of softening, is to be distingished clinically by either mental or neurological symptoms of comparatively sudden onset in persons who have been known to be either entirely healthy or else definitely arterio-sclerotic. Hemiplegia is the commonest organic symptom, and the usual mental picture is that of deterioration. The authors call this type arterio-sclerotic deterioration, taking it definitely out of the heterogeneous group of "senile dementia."

In the second group, in which the small vessels are mainly involved, the patients are usually admitted to the psychopathic

wards when they come to the hospital. They have gradually become demented, the relatives applying the term "second childhood" to the condition. While a definite history of "apoplexy" cannot be obtained, as a rule, an exhaustive anamnesis will show that there are more or less sudden attacks from which the patients made only a partial recovery. Though these attacks are only of a minor type, the dementia shows a definite increase in degree after each of them. Anatomically, few of these cases show gross areas of softening, and even the large vessels may appear practically normal. Microscopic examination, however, reveals multiple miliary areas of softening scattered throughout the brain. In view of the character of the onset and the clinical course, this group should be designated progressive arteriolo-sclerotic psychosis.

In the third group, which is a combination pathologically and clinically of the other two, there occur both deterioration and dementia, sudden apoplectiform attacks and minor mental attacks with both gross and microscopic areas of softening. This group should be called arterio-sclerotic dementia.

In the fourth group, in which the vessels show only a fibrosis, the changes are comparable to the involutional changes found in other organs of the body. The patient preserves his mental faculties to the end, and death is usually brought about through some visceral disease. There is no marked dementia or deterioration, and areas of softening are not found on either gross or microscopic examination. There may be, however, some reduction in mental energy qualitatively and quantitatively, but this is definitely proportionate to the senile changes that are found elsewhere. The condition in this group consequently should be termed senility.

The group showing marked "senile plaques" is to be discussed in a later communication. G. W. T. H. FLEMING.

Recurrent "Attacks" other than Migraine and Infantile Convulsions preceding "True Epilepsy." (*Arch of Neur. and Psychiat., September*, 1928.) *Levy, D. M., and Patrick, H. T.*

Amongst 500 private patients with essential epilepsy, the authors found 64 cases in which recurrent attacks other than migraine or infantile convulsions preceded the true seizures for periods varying from one week to about 40 years. The forerunners of true epilepsy are in general characterized by their sudden and momentary character and the absence of any uniform cause. The "dizzy spells" (Group 1) are compared with similar symptoms in the psychoneuroses, in alcoholism, in various organic diseases of the nervous system, and with objective vertigo. These attacks are momentary in character and have few accompanying symptoms; they increase in frequency, and confusion and change or loss of consciousness are now superadded. Group 2 consists of momentary abdominal symptoms. Six of the 13 recurrent attacks in Group 2 later became the aura of the epileptic seizure. Two cases of recurrent attacks of pallor in Group 3 were suspected of being pre-epileptic, because they were momentary and were followed by sleep or confusional states. Two of the three sensory attacks in