3. Psychiatry.

An Investigation of Deterioration of General Intelligence or "G" in Psychotic Patients. (*Brit. Journ. Med. Psych., vol. xvi, p.* 146, *Nov.* 17, 1936.) *Harbinson, M. R.*

The tests used were the Terman vocabulary test or "V" test which indicates the degree of intelligence before the onset of the illness and the visual-perceptual tests of general ability or "G" tests, which indicate the degree of intelligence at the time of testing. These two series of tests were carried out on some numbers of normal adults. In no case was the "V" score higher than the "G" score. Thirty-six psychotic patients were tested. Of eleven cases of schizophrenia, over 70% showed no deterioration of intelligence, whereas out of 15 cases of melancholia 80% showed deterioration. T. E. BURROWS.

Exogenous Ætiological Factors in Manic-Depressive Psychoses [*Les facteurs étiologiques exogènes dans les psychoses maniaco-mélancoliques*]. (*Ann. Méd. Psych., vol. xv* (*ii*), *p.* 769, *Dec.*, 1936.) *Dickmeiss, P.*

Essentially the manic-depressive psychosis is an endogenous disorder due to definite hereditary congenital anomalies. Nevertheless exogenous factors have a certain importance in the precipitation of this condition. Amongst these provocative factors the writer cites endocrine changes at puberty and particularly at the menopause; psychic trauma; head injuries and cerebral atheroma. A number of illustrative case-histories are included in the text. It is concluded that there is always a pre-existing morbid state, and that one should speak of a reactive depression or mania occurring in persons of a cyclothymic constitution.

Regarding the incidence of manic-depression associated with chronic epidemic encephalitis, the writer only found two cases out of 132 encephalitics examined. STANLEY M. COLEMAN.

Exogenous Psychoses (*Les psychoses exogènes*). (*Ann. Méd. Psych., vol. xv* (*ii*), *p.* 387, *Oct.*, 1936.) *Rafkin, I. G.*

Having stressed the intimate relationship of exogenous and endogenous precipitating factors and the extreme difficulty in separating the two psychotic groups, two criteria are put forward by means of which the exogenous psychoses may be distinguished.

First a uniformity of reaction evolving in different subjects under the influence of the exogenous reagent and independent of the constitutional type. For example any subject submitted to an exterior action of a certain intensity shows disordered consciousness. The different forms and degrees of this are the most important and characteristic exogenous syndromes. Three types of altered consciousness are described: (i) all states of impoverished thinking and clouding to total loss of consciousness (coma); (ii) delirious states characterized by psycho-motor over-activity and the hallucinatory-paranoid syndrome; (iii) the low delirious coma with diminution of consciousness and chaotic psycho-motor agitation. Twilight states without clouding or incoherence are considered to be due to endogenous factors (viz., the epileptic character).

The second criterion is that the reactions and symptom-complexes should only occur under the influence of an exogenous agent and never in an endogenous affection; for example the amnesic syndrome of Korsakov.

Evidence is brought forward to show that in exogenous psychoses schizophrenic symptom-complexes are frequently met without there being necessarily any schizoid anomaly of the personality. On the other hand, the epileptiform syndrome is essentially conditioned by endogenous factors.

Experience with various metallic poisons shows that the exogenous agent may have a specific influence on the endogenous process. Small doses of mercury over a prolonged period are found to activate a schizophrenia in those subjects

with the constitutional predisposition. On the other hand, chronic lead-poisoning facilitates an epileptic state in those so predisposed. Large doses of the exogenous factor, on the contrary, give rise to reactions and states that are, up to a point, extra-constitutional. STANLEY M. COLEMAN.

The Construction of Depression. (*Int. Journ. of Psycho-Analysis, vol. xvii, p.* 423, *Oct.*, 1936.) *Gerö, G.*

Following a detailed analysis of two cases of depression it is concluded that oral erotism is the favourite fixation-point in the depressive. After the breakdown of infantile genitality the libido regresses to the oral stage under the pressure of the œdipus situation. In these cases oral functions are sexualized, and the sexuality is bound principally to oral conceptions. Oral wishes and feelings of aggression form an upper layer, which must be repressed in order to suppress the whole sadistically tinged sexuality attached to the Œdipus situation. The solution of the oral fixation is attained by making the patient experience the repressed oral impulses, for this experience does not stop at the oral aims, but activates the genital object relation of the Œdipus situation.

Next to the solution of oral fixation the most essential technical question is the making conscious of the aggression. There are with regard to acts of aggression many layers, many interpretations. It is the task of the analysis to make conscious that centre of the feelings of aggression to which the feeling of guilt is most attached. This is always the aggressive impulse originating from the central conflicts of the œdipus-situation.

In the first case studied it was necessary to analyse the obsessional character, the great reserve and rigidity, before the repressed anal-sadistic impulses and especially the oral-sadistic impulses became conscious, which represented here the kernel of œdipal aggression. In the second case the loosening of the harsh super-ego, the disclosing of the sadistic intentions perceptible beneath the manifest masochistic attitude, led at first to diffuse outbreaks of rage, and only after the solution of the oral fixation did the phallic-sadistic impulses appear which had formed the central stratum of the repressed aggression.

STANLEY M. COLEMAN.

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4. Neurology.

Syncope and Convulsions due to a Hyperactive Carotid Sinus Reflex. (*Arch. Int. Med., vol. lviii, p.* 407, *Sept.*, 1936.) *Weiss, S., et al.*

The writers point out that a hyperactive state of the carotid sinus reflex can cause syncope and convulsions resulting from one of the following three mechanisms: (1) cardiac slowing; (2) primary depression of the blood-pressure, and (3) a central reflex to the brain. Attacks can be induced by mechanical stimulation of the carotid sinus. The sinus reflex mechanism is sensitized by digitalis and various morbid states. Both the vagal and depressor type of reaction can be controlled by ephedrine and epinephrine. Atropine abolishes the vagal type but has no effect on the depressor type. The cerebral type is not benefited by these drugs. Surgical denervation of the carotid sinus abolishes spontaneous and induced attacks in suitable cases, but does not influence any of the unrelated accompanying symptoms. Of 10 patients with the cerebral type who were treated by surgical denervation, 8 remained free from attacks. Operation is contra-indicated in patients with severe widespread neurosis associated with a low basal metabolic rate.

It is interesting to note that the response of the carotid sinus in patients suffering from epileptic seizures is normal, and that there is no relation between the behaviour of the carotid sinus reflex and postural hypotension.

G. W. T. H. FLEMING.