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*The Connection of the Red Nucleus with the Higher and the Lower Parts of the Central Nervous System and its Part in Preventing Decerebrate Rigidity.*

Decerebrate rigidity does not occur when the macrocellular part of the red nucleus or the rubrospinal tract only are touched, but only when the pyramid of the extremity is also dissected. This is in agreement with the absence of rubropetal fibre-connections between the cortex cerebri and the red nucleus, the corticofugal fibres that influence tonus passing through the pyramid. The red nucleus is the frontal centre of a reflex, the ascending tracts of which are the secondary sensitive pathways, e. g. the mesial fillet, secondary trigeminal tract, superior cerebellar peduncle, etc., while the descending fibres pass through Monakow's fascicle. In the ascending series of primates and man, the macrocellular part diminishes, while the microcellular frontal part increases in size, and likewise a central tegmental tract arises from the neighbourhood of this frontal part. The function of this tract must have something to do with that of the rubrospinal tract.

G. W. T. H. FLEMING.

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*Metrazol Convulsions in Man.*

The authors obtained convulsions in 70% of over 400 injections. In the blood they found changes after the convulsions in: carbon dioxide combining power, pH of venous blood, carbon dioxide content, oxygen content, lactic acid, sugar, serum solids, chlorides, phosphorus (inorganic), calcium, white cell count, segmented neutrophils, lymphocytes and viscosity. In the spinal fluid there were changes in: pH, lactic acid, sugar and inorganic phosphorus. A number of neurological changes were noted up to two hours after the injection. G. W. T. H. FLEMING.

*The Therapeutic Significance of Fear in the Metrazol Treatment of Schizophrenia.*

A method is described in which a physiological state similar to, if not identical with, "fear" is induced. It has been employed in a series of 20 cases to investigate and compare the relative therapeutic significance of "fear" with the usual convulsant procedure in the metrazol treatment of schizophrenia. The method consists essentially of the slow intravenous injection of minimal amounts of

metrazol. The "fear" states induced in this manner have a duration of a few minutes to several hours. The incidence of convulsive seizures can in this manner be fairly well controlled. In a group of 20 schizophrenic patients in whom this procedure was carried out on ten successive days the therapeutic outcome after one month was compared with the same group treated with ten daily convulsive seizures. The "fear of treatment" characterizing some patients was also studied in both procedures. It was shown that the procedure with "induced fear" was of less therapeutic value than that characterized by convulsions. Furthermore, the "fear of treatment" which has been differentiated from "induced fear" was again shown to be of little or no therapeutic significance. (Author's abstr.)

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*Studies in Mongolism. III. The Pituitary Body.*

- (1) The present study deals with the microscopic examination of the pituitary bodies of 14 supposedly mongoloid patients.
- (2) The histologic pictures in 13 cases of mongolism and in 1 case of premature

birth are presented. In the 13 cases of mongolism definite alterations peculiar to this condition were invariably observed.

(3) The alterations consist in an increase of eosinophilic cells and a deficiency of basophilic and chief cells. In analysing these alterations the question is discussed whether the increase of eosinophilic cells or the absence of basophilic cells has the greater pathologic significance. Because the size of the pituitary is not increased and no signs of eosinophilic hyperactivity are found the absence or deficiency of basophilic cells appears to be the most important observation. This deficiency seems to be characteristic of and definitely associated with the clinical picture known as "mongoloid deficiency".

(4) In discussing the significance of the observations, the difference between morphogenetic and morphokinetic factors is emphasized. There are many indications that mongolism is the result of a morphokinetic failure and is due to an endocrine disturbance. The key to the general disorder seems to be a particular pituitary deficiency, which may be due to a pituitary deficiency of the mother during pregnancy. The advanced maternal age, frequently observed in cases of mongolism, and other factors indicate that the maternal organism is not apt to adjust itself to a new pregnancy. (Author's abstr.)

*The Hypothalamic Nuclei in Heat Stroke. With Notes on the Central Representation of Temperature Regulation.*

The nuclear groups of the hypothalamus in 13 cases of heat stroke were studied with respect to (a) cell counts and (b) pathologic alteration. Comparisons were made with a series of similar observations in other cases, none of which were associated with heat stroke.

The nucleus paraventricularis in cases of heat stroke presented an average cell loss of 27%; of the cells that remained an average of 77% were normal. In heat stroke the large cells of this nucleus were principally affected, as compared with diabetes mellitus in which the small and medium-sized cells were principally affected.

The nucleus tuberis lateralis presented an average cell loss of 40%; of the cells that remained an average of 47% were normal, although there were wide individual variations in different cases. In cases used as controls, pathologic alterations frequently occurred in the cells of this nucleus, the average of normal cells being 65%.

The nucleus tuberomamillaris presented no decisive alteration in cell counts. There was, however, general and constant pathologic change, with an average of only 27% of cells remaining normal. The observations here were similar to those in this nucleus in experimentally produced fever; they appeared to be acute.

The basal optic ganglia (nucleus supraopticus) and the cells of the substantia grisea did not present sufficiently constant cell loss to be regarded as significant. Chromatolysis, while variable, was present in a sufficient degree to prevent elimination of these structures from consideration of their heat-regulating functions.

A chronic degenerative disease—chronic vascular sclerosis, syphilis or chronic alcoholism—was present in the 12 cases of the series in which study of all systems of the body was permitted.

As a working hypothesis the larger cells of the more anteriorly situated nucleus paraventricularis and the cells of the nucleus tuberis lateralis are regarded as primarily concerned with the elimination of heat, while the more posteriorly situated nucleus tuberomamillaris, and probably the smaller cells of the paraventricular nucleus, are regarded as primarily concerned with the production and conservation of heat. In heat stroke the anterior nuclear groups fail to accelerate elimination of heat, apparently because of previous injury, as revealed by the diminished number of cells, while the posterior nuclear group (nucleus tuberomamillaris), with its normal number of cells, but almost complete pathologic alteration, suggests intense over-activity and consequent acceleration of heat-producing mechanisms.

Regulation of temperature involves the hypothalamus, but implicates a number of cell groups rather than a single "centre"; areas other than the hypothalamus may play a role. (Authors' abstr.)

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*Influence of Fear, Pharmacologic Action and Convulsion in Metrazol Therapy.*

(1) To three groups of patients were given, respectively, (i) an injection of metrazol, with resultant convulsion, (ii) an injection of metrazol without convulsion, and (iii) injections of physiologic solution of sodium chloride.

(2) Marked effects on the vital signs and on the pH and carbon dioxide content of the blood were not secured unless a convulsion occurred. (Authors' abstr.)

*Effect of Prolonged Insulin Hypoglycæmia on Distribution of Water and Electrolytes in Brain and in Muscle.*

The effect of large doses of insulin on the distribution of water and electrolytes in brain and muscle was investigated. The changes occurring in the brain may be summarized as follows:

(1) During the period of hypoglycæmia water passed from the extracellular spaces into the cells, leading to dilution of the cellular constituents.

(2) About 60% of the animals given a large dose of insulin survived without additional therapy. About half of these animals showed no demonstrable evidence of involvement of the central nervous system. The brains of these animals exhibited a slight loss of cellular potassium, but no redistribution of water.

(3) About half of the animals that survived under these conditions showed evidence of widespread cerebral damage. The symptoms presented were those characteristic of decerebrate rigidity. In the brains of these animals there was a marked shift of cellular water to the extracellular space, leading to pronounced shrinking of the cell and enlargement of the extra-cellular compartment. Associated with this shift of water there occurred a proportionately greater loss of

cellular potassium, leading to a decrease in the concentration of intracellular potassium. It is suggested that osmotic equilibrium is maintained under these conditions by a transfer of sodium across the cell membrane.

(4) No appreciable change in the total water content of the brain could be demonstrated in any of the animals given insulin. No significant changes in the distribution of water or potassium in muscle during or after severe hypoglycæmia could be demonstrated. (Author's abstr.)

*Estrogenic Therapy of Involutional Melancholia.*

Seven patients with the syndrome known as involutional melancholia were treated with large doses of estradiol benzoate, given intramuscularly. The effectiveness of this estrogen was tested at weekly intervals by examining vaginal smears, determining the pH of the vaginal secretions, and observing the reaction of the vaginal mucosa to compound solution of iodine. The patient's improvement or failure to improve was correlated with the changes indicated by these three tests. Except in two cases (1 and 6) clinical improvement was definitely correlated with demonstrated effectiveness of the estrogen. The lessening and abolition of the acute agitation and tension were noted to occur from two to five weeks after the beginning of estrogenic therapy. The failure of this type of therapy in Cases 1 and 6 was attributed to irreversible physiologic changes. An outline is given of the schedule of treatment with estrogen followed in this group of patients. No criteria, either physical or mental, foretell with certainty what benefit will result from estrogenic therapy. It is believed that every patient with involutional melancholia should be given a trial, an adequate dose of the estrogenic substance being used and its activity checked by observation of the changes in the vaginal smear, the pH of the vaginal secretions and the stain of the vaginal mucosa with compound solution of iodine. (Author's abstr.)

*Lipoids and Proteins in Fluid Obtained from Approximately Complete Drainage of the Cerebro-spinal System.*

Measurable amounts of cholesterol, ranging between 0.24 and 0.50 mgrm. per 100 c.c., were found in the cerebro-spinal fluid of 26 patients who did not have meningitic or syphilitic disorders.

Fatty acids, calculated as tripalmitin, were also found, but in amounts of 1 to 3 mgrm. per 100 c.c., which were less than those previously reported by Seuberling.

A comparison of the results of two Kjeldahl methods for determining total proteins with those of the simple nephelometric method of Denis and Ayer showed agreement within 12 mgrm. per 100 c.c., thereby confirming the reliability of the latter method for clinical investigations.

The amounts of protein and those of cholesterol in the cerebro-spinal fluid varied directly and proportionally and in a manner similar to that previously observed in transudates.

The fact that the concentrations were one-hundredth those of the transudates, lends added significance to the observation that proteins and cholesterol tend to pass through relatively impermeable membranes in proportional amounts. The means by which this relation is maintained is uncertain, but could be explained by a loose linkage between proteins and cholesterol.

As in the case of the transudates, the fatty acids of the spinal fluid did not bear the close relation to the proteins that was observed for cholesterol. This cholesterol-protein relationship thus constitutes an additional point of similarity between transudates and spinal fluid. This may prove to be a further step towards the understanding of the formation of spinal fluid.

As suggested by Katzenelbogen, the cholesterol-protein relation may depend on the state of the tissues (blood-cerebro-spinal fluid barrier) which control the formation of spinal fluid and may eventually prove useful as a test of their functional state.



Although previous authors, notably Plaut and Rudy, have failed to discover any relation between cholesterol levels in the serum and those in the spinal fluid, the data presented suggest that such a relationship may exist under relatively normal conditions. A further study of this problem with large quantities of fluid in various pathologic conditions is therefore indicated. (Authors' abstr.)

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*Experimental Study of Pathogenesis of Cerebral Changes following prolonged Insulin Hypoglycæmia.*

The mechanism for the cerebral damage was not found to be causally related to changes in oxygen saturation of arterial blood or to the presence of marked circulatory impairment.

It was found that relatively small doses of insulin, i. e., 3 units per kilogram, resulted in prolonged hypoglycæmia but did not produce cerebral injury. However, larger doses, i. e., from 15 to 20 units per kilogram, did result in widespread cerebral damage, although the hypoglycæmia produced was neither more prolonged nor more severe as judged by the concentrations of the blood sugar. These results were interpreted as suggesting that the injurious effects of large doses of insulin are brought about by the promotion of some reaction in the cerebral cells which is relatively harmless if the blood sugar is maintained.

Animals under anæsthesia induced by pentobarbital sodium were found to be more susceptible to the toxic action of insulin. (Author's abstr.)

*Effect of Pleasant and Unpleasant Ideas on Respiration in Psychoneurotic Patients.*

(1) Respiratory tracings were made on a series of 41 psychoneurotic patients and 21 control subjects during tests lasting from a quarter of an hour to half an hour and comprising five successive periods. During the second, third and fourth periods, respectively, the subjects were directed to think of pleasant, of unpleasant and, again, of pleasant ideas. During the first period no directions were given, and during the last period the subjects were asked to relax.

(2) At the completion of each respiratory tracing the subject was asked to state the ideas that had been present during each of the five periods. In all cases indifferent casual topics were reported for the preliminary period; quiet, restful ideas, usually connected with rural scenes, were reported for the first, and in most cases for the second, pleasant period; disturbing and upsetting ideas, memories and symptoms were reported for the unpleasant period, while during the relaxed period the subjects reported having been concerned with the process of relaxing and with ideas of going to sleep.

(3) The respiratory tracings were analysed period by period for rate, depth, minute respiratory volume, metabolic rate and spread of the expiratory-inspiratory angle.

(4) It was found that of the psychoneurotic patients, those having conditions diagnosed as hysteria, phobia or anxiety neurosis (29 patients, referred to as Group 1) reacted as a group with pronounced respiratory changes. The remaining patients, whose conditions were diagnosed as hypochondriasis, reactive depression or compulsion neurosis (12 patients, Group 2) reacted as a group with very slight respiratory changes, and frequently with no changes at all. The controls reacted less than the patients of Group 1, and more than the patients of Group 2.

(5) For each group of subjects the mean values for rate, depth and minute respiratory volume were practically the same for the two pleasant periods, and in most cases were slightly lower for these two periods than the corresponding group value for the preliminary period. The mean values for the metabolic rate were less constant for the two pleasant periods, but the group values for both pleasant periods were lower than the corresponding value for the preliminary period; the values for the two pleasant periods were higher (broader angles) than the value for the preliminary period.

(6) In a comparison of the unpleasant period and two pleasant periods, the patients in Group 1 showed a striking increase in the mean values for the rate, depth and minute respiratory volume, as well as some sharpening of the expiratory-inspiratory angle. The patients of Group 2 showed no significant change in the mean values for the rate and the expiratory-inspiratory angle, and only a slight increase in the mean depth and minute respiratory volume for the unpleasant period.

(7) The most consistent changes were observed for the minute respiratory volume. Between 86% and 96% of the patients in Group 1 and of the controls showed a considerable increase in minute respiratory volume for the unpleasant period as compared with the two pleasant periods, and for the same comparisons over 75% of patients in Group 2 showed a very slight increase in minute respiratory volume. About 90% of patients in Group 1 and of the controls had a higher minute respiratory volume during the unpleasant than during the preliminary period. For this comparison no consistent change was shown by patients in Group 2. All the patients in Group 1 and over 90% of the controls showed a marked decrease in minute respiratory volume during the relaxed as compared with the unpleasant period.

(8) The lowest mean rate (11.7 respirations per minute) and the broadest mean expiratory-inspiratory angle (7.1 scale divisions) were those for the control group during the relaxed period. The lowest mean minute respiratory volume (5 litres) was that for the control group during the two pleasant periods and the relaxed period. The largest mean values for rate (17.3 respirations per minute), for depth (653 c.c.), for minute respiratory volume (8.4 litres per minute), and for metabolic rate (+1%) were those of patients in Group 1 during the unpleasant period.

(Author's abstr.)

*Protective Effect of Cholesterol in Experimental Epilepsy.*

(1) Direct parenteral injection of cholesterol in white mice resulted in a marked rise in the threshold for convulsive doses of cocaine hydrochloride. Both a colloidal suspension of cholesterol in water and a solution of cholesterol in olive oil showed this protective effect. The doses of cholesterol and the number of injections necessary to produce protection, as well as the duration of the effect, were determined experimentally.

(2) After a series of protective injections of cholesterol in white mice, the convulsive effects of cocaine hydrochloride were more delayed in onset than the corresponding effects in control groups. This was interpreted as indicating delayed absorption of the convulsive agent. The protective effect, likewise, was explained on this basis. The results of this study were thus interpreted as consistent with the theory that the vital lipids play a significant role in the permeability of cell membranes and through this mechanism are an important factor in epilepsy.

(Authors' abstr.)

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*Some Observations on the Nature of Vibratory Sensibility.*

It has been shown that the sensation of vibration may proceed from stimulation of receptors in the skin and in the deeper structures. It is probable that the receptors in the skin are the same as those concerned with the sensation of touch, while those in the deeper tissues are closely related to, if not identical with, the receptors mediating the sense of passive movement. (Authors' abstr.)

*Spastic Dysphonia ("Inspiratory Speech").*

Attention is directed to an uncommon and peculiar type of speech-affection, whereby the voice is emitted in a constrained, forced and barely intelligible fashion. There is also an imperfect modulation of the voice, together with a faulty pronunciation of vowel and consonantal sounds. Frequently tic-like contractions of the face, neck and even upper limbs may accompany the act of speaking.

A few records have been found in the literature describing this type of speech in association with various disorders, e.g., progressive cerebellar degeneration and double athetosis.

The term "spastic dysphonia" is suggested as a clinical descriptive epithet. In the past the expression "inspiratory speech" has been used, but incorrectly, for the whole of the speech takes place during the phase of expiration, as ordinarily. (Author's abstr.)

*The Clinical Recognition of Pick's Disease: Report of Three Cases.*

(1) Three cases of Pick's disease all presented positive encephalographic findings. In two cases confirmatory evidence was obtained by brain puncture.

(2) The encephalogram showed in one case the 5th ventricle, in another extensive opercular cysts on both sides. A progressive increase in the size of these cysts was demonstrated by pictures taken successively at intervals of four to six weeks; the progress of the disease was thus encephalographically demonstrated.

(3) Cerebral angiograms showed changes attributable to the atrophy, such as compression of the carotid syphon, the curving forward and downward of the pericallosal artery, deep and sharp bends in several arterial branches.

(4) Brain puncture demonstrated a severe degeneration of the frontal cells and axons, an activity of the glia, and in Case 2 incipient senile plaques.

(5) The ventriculogram of Case 3 presented a very unusual picture. The projection of the frontal horns of the lateral ventricles became enormously bulging, especially on the left side, thus giving the ventricular system a peculiar dumb-bell or club-like appearance.

(6) According to Schneider's (1927) classification, Cases 1 and 2 were transitional forms between Stage II and III, while Case 3 represented an early form of Stage III.

(7) On the basis of these three cases it may be asserted that the clinical syndrome in itself is sufficient for the differential diagnosis of the disease.

(8) Of the clinical signs the following are noteworthy: In Case 1 the senile changes in the fundus and the grasping and groping; in Cases 1 and 3 the naso-oral and naso-mental reflexes; in Case 2 the transcortical aphasia; in Case 3 an almost complete aphasia. In the last case there were echolalia and echopraxia as well as a rare symptom the authors have called echomusia. (Authors' abstr.)

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*Severe Dementia Associated with Bilateral Symmetrical Degeneration of the Thalamus.*

A case of severe presenile dementia with rapid course, accompanied by such neurological signs as loss of the pupillary reflexes and forced sucking and grasping movements, is reported. The anatomical basis of this process was a selective bilateral symmetrical degeneration of the thalamus with exclusion of the ventral nucleus, arcuate nucleus, the mid-line nuclei, and the lateral and medial geniculate bodies. From various histological and topographical features it could be concluded that this was a peculiar system disease which has not hitherto been described. The symptomatology of the case is discussed on the basis of recent discoveries in the field of thalamo-cortical relations. (Author's abstr.)

*Neurogenic Hyperthermia (a Clinical Syndrome and its Treatment).*

The syndrome of neurogenic hyperthermia is discussed on the basis of observations of clinical cases, of studies on pathological specimens and on experimental work. The differential diagnosis and treatment are outlined.

From this study the following conclusions may be drawn.

(1) Neurogenic hyperthermia is manifested by a high internal temperature and icy cold dry skin occurring shortly after head injury or operation in the region of the third ventricle or posterior fossa, and less frequently pre-operatively with tumours in the diencephalon. The patient is unconscious, the respiratory and pulse rates are usually very high and the outcome is often fatal.

(2) Body temperature is the algebraic sum of the functions of the heart and general circulation of blood, of the general metabolism, of the cutaneous vasoconstriction and vasodilatation, and of the rapidity of respiration. For this reason the manifestations of neurogenic hyperthermia may vary, inasmuch as variable portions of the neuronal centres and pathways directly or indirectly concerned with heat regulation are affected by the lesion.

(3) Prophylactic measures are genuinely effective in lowering the incidence and mortality from neurogenic hyperthermia. (Author's abstr.)

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*Effects of Metrazol Convulsions on the Cerebro-spinal Fluid.*

The INE/NE ratio was determined in 101 samples of fluid from 46 schizophrenics before and after treatment with metrazol. For untreated cases the ratio was .26, while for neurologically normal cases and organic nervous cases the values were .22 and .30. After the first convulsion 60% showed an increase of the ratio which was missing when patients showed no symptoms or only *petit mal*. After repeated metrazol convulsions 82% showed an increase of the ratio, with an average of .32. The corresponding values in epileptic seizures give the same average. The increase of this ratio appears to be due to an increase in the tissue cleavage products in the cerebro-spinal fluid. This increase in cleavage products may be due to changes in cellular and vascular permeability. G. W. T. H. FLEMING.

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*Sense of Reality in States of Depersonalization.*

In the author's view four mechanisms are concerned in the alteration of personality called depersonalization. They are: (1) Parental identifications where a certain characteristic of one parent continues to be considered by the patient unconsciously as specific to the sex of that parent; (2) erotization of thinking and

its excessive cathexis as characterized in such identifications. During this process there is a withdrawal of libido from the more vital human occurrences in the environment and from the body itself. It is invested in other activity, primarily thinking, either in form of abstractions or in phantasy; (3) identification of thinking as a characteristic of the parent of the opposite sex—most often this occurs in the female child who regards "thinking" as a masculine characteristic (of her father); (4) through repression, because of the resulting conflict the patient attempts to rid himself of that portion of the super-ego which, as he grows older, he comes to consider as incongruous with, and therefore harmful to, his biological role in life. In this paper the author presents certain examples of the persistence of reality feeling for isolated objects in patients suffering from unreality, and the appearance of unreality under particular conditions. In each case two—usually all—of the mechanisms mentioned were actively present throughout the patients' lives.

S. M. COLEMAN.

*Some Observations on the Ego Development of the Fetishist.*

The author finds that the special type of sexual behaviour which demands the presence of a fetish is only one manifestation of a pathological mental state, which includes acute attacks of depression and anxiety, the presence of fears and phantasies of a paranoid type, suicidal tendencies and inhibitions. The paper is illustrated from the analysis of a patient whose fetish was a mackintosh. It is shown that the psychology of the fetishist is dominated by castration fear, this fear being traced to infantile situations connected with unusual tension of the aggressive impulses inseparably bound up with sexuality.

S. M. COLEMAN.

*Role of the Female Penis Phantasy in Male Character Formation.*

A study of a series of cases exhibiting the female penis phantasy shows that it is retained in order to guard against castration anxiety. It is found that the disturbance began in infancy and resulted from the mother's attitude. In this pre-genital period, when the object relationship is almost wholly with the mother, the breast-penis equation has its origin. The phantasy of the mother's penis reaches its height in the actual Œdipus period, the stage at which there are definite phallic strivings towards the mother. Consequently, although the castration anxiety may have begun in the pre-genital, it becomes stronger and definitely connected with the father at the Œdipus period. This anxiety will also be responsible for maintaining in the child a weak ego; that is, one that will tolerate considerable infantile sexual expression, and subsequently be the battleground of conflicts between that tolerance and any attempt to reject or inhibit such trends.

S. M. COLEMAN.

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*A Study of the Effect of Right Frontal Lobectomy on Intelligence and Temperament.*

Intellectual functions and personality traits were studied in a man of high intelligence before and after the removal of his right prefrontal region because of an oligodendroglioma which had produced no signs and only mild symptoms. The section was performed bordering upon or through the anterior portion of Area 6 of Brodmann. No physical symptoms ensued aside from a slight increase in the deep reflexes of the left extremities. A battery of tests selected to test intelligence collectively and according to factors and to attempt to test for alterations in temperament, and careful observation of the patient's behaviour, revealed no changes. Deterioration inability for abstract performance was not found. The results of the tests coincided with the impression of both the patient and the several persons in a position to observe him carefully. (Author's abstr.)

*The Reaction of the Pial Arteries to Some Cholin-like and Adrenalin-like Substances.*

In 53 experiments on 37 cats solutions of various adrenalin-like and cholin-like substances were injected directly into the pial arteries. In 14 experiments on 8 cats as controls, Ringer's solution was injected under similar conditions of temperature and pressure.

All adrenalin-like substances caused a constriction of vessels larger than  $50\mu$  in diameter; vessels smaller than  $50\mu$  did not react.

The cholin-like substances caused dilatation of vessels larger than  $30\mu$ ; the smaller arterioles remained unchanged.

In the control experiments only a slight dilatation was observed.

The most pronounced constricting effect was observed with the use of paroxyphenylmethylaminoethanol ("sympatol"), which, in a concentration of 1 : 100,000, caused a complete obstruction of the large arteries. Among the cholin-like substances carbaminoylcholinchloride ("doryl") elicited the most pronounced dilating effect. (Authors' abstr.)

*Increased Spontaneous Activity and Food Intake produced in Rats by Removal of the Frontal Poles of the Brain.*

(1) By means of activity drums and cyclometers a quantitative study was made of the effects produced on spontaneous activity of rats by removal of the frontal poles of the brain (the cortex and the tip of the striatum).

(2) Both unilateral as well as bilateral lesions increased activity greatly. Removal of both poles produced a condition of definite hyperactivity, that is, the rats reached activity levels never attained by normals.

(3) These lesions increased food intake, decreased body weight, but had no effect on water intake.

(4) At autopsy the ovaries weighed more and the pituitaries less than those of control animals of the same age.

(5) Since the animals became very distractible, irritable and savage when thwarted, it was concluded that the picture presented greatly resembled that of manic conditions seen in humans. (Authors' abstr.)

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*The Katatonic Syndrome in Acute Cannabis Indica Psychoses.*

Report of a patient showing a toxic psychosis following the prolonged use of cannabis indica. The man exhibited a typical katatonic syndrome, with catalepsy, mutism and the adoption of the squatting attitude characteristic of the hashish smoker. Two similar cases are more briefly reported. The writer discusses the possibility of the katatonic state being of purely exogenous origin, pointing out that the eclectic action of hashish for the diencephalon would make this seem not improbable. On the other hand, latent schizophrenic mechanisms set going under the influence of hashish cannot be excluded.

S. M. COLEMAN.

*The Malignant Form of Tuberos Sclerosis.*

A case of epiloia is presented. A boy, aged 6, showed congenital idiocy, epilepsy and cutaneous malformations chiefly on the face. The evolution of the affection was rapid and he died, aged  $7\frac{1}{2}$ , after a period of progressive cachexia without intercurrent disease. A younger brother suffered from the same condition to a milder degree.

An exhaustive histological investigation was undertaken and the paper is abundantly illustrated with microscopic studies. The authors found that the

cerebral tumours, tumours of the choroid plexus, the subcutaneous cervical tumour, the renal and cardiac tumours were all nervous tissue formations of neuro-ectodermic origin and belonged to the group of neuro-ectodermoses. They conclude that epiloia is due to a developmental anomaly of the nervous system commencing in embryonic life, that the dysplastic cerebral modifications progress after birth and continue throughout life and that these anomalies coincide with malignant gliomas, also of dysembryoplastic origin. Their findings indicate the close relationship between epiloia and Recklinghausen's disease. Both are heredito-familial conditions of neuro-ectodermic origin, in which gliomatous lesions of a hyperplastic and others of a neoplastic nature exist side by side.

S. M. COLEMAN.

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*Brain Pathology in Four Cases of Schizophrenia Treated with Insulin.*

(A) Changes of the nerve cells should be first stressed. These alterations, as seen in Nissl specimens, may be grouped under four headings:

1. *Areas of cortical devastation.*—This type of lesion consisted of an almost total loss of nerve-cells throughout the entire cortex. There was no shrinkage of the tissue; the glia showed at times marked hyperplasia, at other times no glia reaction was present. The blood-vessels were usually, but not always, proliferated.

2. *Diffuse "dropping out" of neurons.*—The neuron cells as compared with homologous sections of normal brains appeared diffusely reduced in number, the reduction including the six laminæ or more frequently only the superficial layers. Occasionally the dropping out was limited chiefly to the third or fifth layer. The glia showed usually mild diffuse proliferation.

3. *Focal areas of cellular waste.*—This type of lesion appeared at low power as a more or less sharply defined area of discoloration. The majority of nerve-cells within the areas were lost, the few remaining showed severe changes, usually of the ischæmic-homogeneous type. Occasionally, minute vacuole spaces were present in the interstitial tissue. In a few instances a small blood-vessel was seen within the smallest lesion. Under this same heading a type of lesion may be included consisting of patchy dropping-out of neuron cells which was limited to the Sommer sector of the Ammon's horn. This characteristic feature was present in all cases.

4. *Lesions of individual neurons.*—These may be grouped as follows:

(a) Disintegration of the Nissl bodies which resulted in a pale, uniform, diffuse staining of the cytoplasm. This lesion was extremely common in all the cases, only a few cells showing normal basophile substances.

(b) Swelling of the cytoplasm with displacement of the nucleus to the periphery, and paleness and homogeneous appearance of the cytoplasm.

(c) "Severe cell change" of Nissl consisting of colliquation of the nerve-cell.

(d) So-called "chronic cell disease" consisting of shrinking and distortion of the cell-body which stained darker than normal, displacement and pyknosis of the nucleus. This lesion was observed in many sections throughout the four cases.

(e) "Ischæmic change" in which the cell contour was sharply defined and triangular in outline, the cytoplasm pale, homogeneous and strongly eosinophile, the nucleus displaced and dark in colour, was also frequently found.

(f) Fatty degeneration.

(B) Alteration of blood-vessels. In Cases 1 and 2 the vascular alterations consisted of marked proliferative changes of the endothelial and adventitial cells of small blood-vessels and capillaries and rich vascular neoformation. In other sections, swelling of the intimal cells of the vessel-walls was a prominent feature. The latter finding was frequently observed in Cases 3 and 4. It is likely that swelling and proliferation represent two successive stages of the same pathologic process.

There seems to be enough evidence for the assumption that the neuron cells are more or less damaged during life in schizophrenic patients treated with insulin. This statement appears in agreement with the findings of numerous other investigators in both therapeutic and spontaneous hyperinsulinism (Morsier, Lepien and Peters, Kobler, Kastein, Wohlwill, Bodechtel, Vonderahe, Terbruggen, Moersch Malamud).

That insulin or some substances elaborated in hyperinsulinism might have a direct damaging action upon the neuron cell, as maintained by Kobler and Malamud, cannot be excluded. Bearing in mind that insulin lowers the glycogen content of the brain (Kerr and Ghantus) and that Nissl bodies contain a glycogen-like substance (Szent-Gyorgi), one may speculate on a specific action of insulin upon this essential component of the nerve-cell. As a matter of fact, disintegration of Nissl bodies was universal in all four cases.

It seems interesting also to note the increase of intracellular lipid substance. This finding is also reported by Kobler and Kastein in their patients, and by Terbruggen in spontaneous hyperinsulinism. This fatty infiltration may represent a non-specific reaction to a toxic condition. However, there is some evidence that it might be the result of a specific action of insulin upon the intracellular metabolism of lipoids since it has been claimed that under the action of insulin sugar may give origin to fatty substances (Rivoire, Staub, Asher).

Further indication of a direct damaging action of insulin on neuron cells may be offered by experimental findings suggesting that insulin diminishes intracellular oxidation in the brain (Holmes, Wortis). Altogether, however, the assumption of a primary toxic degenerative mechanism upon neuron cells is supported by evidence derived more from biochemical considerations than from histologic findings.

That a functional vascular element may play a role in determining some of the pathological findings in hypoglycæmia is also evidenced by the frequent occurrence of certain symptoms, such as transitory aphasia, transitory hemiplegia and convulsive seizure, which are commonly explained on the basis of transitory functional disturbances of the brain-vessels (Wilder, Labbe, Palisa).

It is reasonable to assume that the reduction in size of the lumen of the blood-vessel resulting from proliferative changes of the endothelium will lead to a decrease in the amount of oxygen conveyed to the nerve-cells. Functional disturbances and productive changes may be regarded as two recessive phases of the same process, in accordance with the view of Spielmeyer and von Braunmühl. Altogether the association of functional and anatomical changes of the blood-vessels will result in anoxia of the nerve-cells.

It seems proper to correlate the recoverable comas which occur in the initial phases of insulin treatment with pathological changes of a reversible nature amenable to treatment by glucose. In more advanced phases of the therapy destruction of nerve-cells is likely to take place, leading eventually, in fatal cases, to considerable destruction of nerve-tissue. These irreversible lesions are brought about by vascular mechanisms. To be sure, other factors chemical in nature are presumably instrumental in causing prolonged coma and death. G. W. T. H. FLEMING.

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*The Serum Lipids in Schizophrenia.*

The serum lipid levels of 85 schizophrenic patients have been investigated under conditions designed to control variations due to differences of sex, chronological age, and duration of hospital stay. These patients were divided into groups of "excited" and "calm", and compared with 42 normal subjects. Although the absolute lipid levels were higher for women than for men in both the schizophrenic and the normal groups, the relative differences were maintained irrespective of sex.

The results indicated that in the "calm" group of schizophrenic patients the lipid levels were lower than those of normal individuals and that in "excited" schizophrenic patients the lipid levels were practically the same or slightly higher than in the normal subjects. The conclusion may be drawn that if the level of lipid in the blood is a measure of the rate of lipid metabolism in the body, the non-excited type of schizophrenic patient, as a group, must have a subnormal rate of metabolism and that such a dysfunction is obscured by the changes associated with "excitement".  
(Authors' abstr.)

*A Statistical Study of 1,140 Dementia Præcox Patients Treated with Metrazol.*

The results of metrazol treatment shown in the foregoing statistical analysis raise grave doubts as to the wisdom of continuing this treatment in its current form as a routine procedure in the State hospitals. The data submitted shows clearly the superiority of insulin treatment.

In certain cases in which insulin fails to yield favourable results metrazol perhaps may be found useful as a supplemental treatment.

The matter of injury to patients and the severity of the convulsions experienced by some of the patients treated are also worthy of consideration.

(Authors' abstr.)

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*The Law of Effect or the Law of Qualitative Conditioning.*

(1) Experimental evidence indicates that as a result of contiguity the chief conditioning datum may be either an organismic quantity, a specific movement or response, the exercise of which is virtually independent of total bodily adjustment, or an organismic quality, a general behavioural or experiential orientation, the quantities or specific movements and responses of which may be quite variable.

(2) Qualitative conditioning is primarily of an alpha type—the strengthening or the weakening of one quality by another; quantitative conditioning is mostly of a beta type—the substitution of one response for another.

(3) Qualitative conditioning may greatly influence, modify, or even reverse the course of quantitative or specific conditioning. This influence is much more pronounced when the qualitative conditioning is positive or adient than when it is negative or abient.

(4) Past discussions of the relation of the “law of effect” to true conditioning have obscured the problem by not comparing analogous parts of the two situations. The chief difference between the two may well be accounted for by assuming that in an “effect” situation there is conditioned not only a specific response, but also a general organismic quality, tendency or effect.

(5) Evidence indicates that a nocuous stimulus arouses in the organism two contradictory central tendencies: an abient when the stimulus is applied and an adient when the stimulus has just ceased. The conflicting CR interaction of the two opposing tendencies within the same stimuli offers an explanation for the variable and seemingly inconsistent effects of nocuous stimuli in learning and conditioning.

(6) When the adient conditioning stimulus in a CR situation is omitted, the organism's acquired adient tendency towards the conditioned stimulus is quickly reversed into an abient tendency. No such ready reversal occurs when an abient conditioning stimulus is omitted in a CR situation. Stated otherwise, while false reward-signals readily assume the characteristics of punishments, false punishment-signals do not as a rule become rewards.

(7) The evidence brought forth in this article supplements the writer's results on pattern conditioning inasmuch as both suggest dynamic levels and functional organization of conditioning. Pattern conditioning deals with levels of stimulation, qualitative conditioning with levels of responding.

(Author's abstr.)

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*A Psychiatric Survey of Fifty Cases of Bronchial Asthma.*

Fifty cases of bronchial asthma were taken from the allergy clinic without selection and were studied psychiatrically by means of one or two interviews.

(a) Thirty-seven of the 50 cases seemed to have an emotional component in their asthmatic attacks.

(b) The thirteen “non-emotional” patients were predominantly young males.

- (c) Twenty patients reported that the first attack was emotionally precipitated.
- (d) Thirty-one reported that later attacks were often emotionally precipitated.
- (e) Thirty patients showed neurotic traits (other than asthmatic), usually of a compulsive character.
- (f) Only 20% of the "emotional group" were benefited by so-called therapy, while 54% of the "non-emotional" group were benefited. Likewise in the "neurotic group" only about 20% were helped by drugs and biological products, while 50% of the "non-neurotic group" were helped.

(Authors' abstr.)

*The Correlations between Ovarian Activity and Psychodynamic Processes : I. The Ovulative Phase.*

- (1) The day-by-day study of vaginal smears and basal body temperatures provided a useful and enlightening method for analysis of gonad function of adult women.
- (2) The psycho-analytic method could also be employed for a day-by-day study of the cycle of propagative function on the psychological level.
- (3) The simultaneous use of the two methods provided clear correlations between the physiological and psychological processes.
- (4) The investigation suggests that in the adult woman it was possible to relate instinctual drives to specific hormone functions of the ovaries :
  - (a) Heterosexual tendency is correlated with oestrone activity.
  - (b) Passive receptive and narcissistic attitude is correlated with progesterone activity.
- (5) Whenever the metabolic gradient correlated with the specific gonadal hormones changes its direction or slope, the psychological material shows a change in direction of the instinctual drive.

(Authors' abstr.)

*Affective States and Skin Temperature : Experimental Study of Subjects with "Cold Hands" and Raynaud's Syndrome.*

Induced emotional stress was accompanied by a fall in the skin temperature of the fingers, the maximal drop being 13.5° C. During sustained stress the finger temperature of some individuals remained continuously close to that of the environment ("cold hands"). In a patient with Raynaud's syndrome induced emotional stress precipitated attacks of pain and cyanosis in a temperature environment which in itself produced no attacks. Major drops in the skin temperature of the extremities under emotional stress did not occur when the sympathetic nerve supply was interrupted. In subjects with "cold hands", or with Raynaud's syndrome, the degree of discomfort was the resultant of the interplay between the factors of emotional stress and environmental temperature.

(Authors' abstr.)

*The Production of "Experimental Neurosis" in the White Rat.*

- (1) When presented over a period of time with a single stimulus or simultaneous stimuli to mutually antagonistic responses, a certain proportion of white rats will develop an "experimental neurosis".
- (2) It is necessary to the development of an "experimental neurosis" that activity other than that of the responses utilized in the stressful situation be very limited.
- (3) In the white rat the symptoms of "experimental neurosis" may assume a different form from one animal to the next.
- (4) Adult white rats possess in varying degree a constitutional predisposition to the development of an "experimental neurosis". This predisposition will, in part, determine the degree of stress necessary to produce the behaviour disturbance as well as the pattern of the behaviour produced.

In order to avoid any possible misinterpretation by the reader, it seems wise to restate the author's position on the comparative value of these experiments for human psychiatry. It is his conviction that the contributions to be made to psychiatry by the study of this problem will be realized only after the total picture of the appearance and disappearance of experimentally-produced behaviour disturbances has been described and understood. From this comprehension of the total process and not from comparisons based on specific details should come valuable suggestions for explanatory concepts and therapeutic devices.

(Author's abstr.)

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*Anorexia Nervosa, with Psychiatric Observations.*

Physical and psychiatric observations were made on 12 patients with the symptom complex of anorexia nervosa. All were found to have a psychoneurosis associated with an endocrine deficiency which became manifest at or near puberty. Obsessive, compulsive, anxiety and depressive features were prominent. Some had schizophrenic features. In the milder cases malnutrition often resulted from failure to eat secondary to an anxiety reaction with loss of appetite. In the more severe cases hunger was overcome by voluntary dieting.

Physical findings included emaciation, dry, scaly skin, cold, bluish extremities, amenorrhœa, atrophic type of vaginal smear, subnormal temperature, slow pulse and low blood-pressure. Common personality characteristics were stubbornness, meticulousness, parsimony, ambitiousness, seclusiveness, shyness, dependence on others and difficulty in making friends. The patients' own statements indicated an avoidance of assuming normal sexual relationships. Frequently excessive interest by a parent in the function of the intestinal tract had been impressed on the patient in early life.

In treatment a regulated regime using firmness but not inflexibility should be instituted. Endocrine therapy has not been found to be of any definite value. Psychotherapy should be directed toward a study of the dynamic factors in the personality, re-education and encouragement. Emphasis should be placed on imparting to the patient an understanding of the illness which can be used in making a more satisfactory adjustment.

(Authors' abstr.)

*A Method for Investigating the Effect of Repression on the Somatic Expression of Emotion in Vegetative Functions: A Preliminary Report.*

The hypothesis to be tested was that the function of repression varies directly with the excitement of the parasympathetic branch of the autonomic nervous system. A method of testing this hypothesis, using the gastric motility and the parotid gland secretory rate as indices of autonomic nervous system function, is described. The results of the experiments with gastric motility are, as far as

they go, in harmony with the hypothesis. The results of the simultaneous experiments with the parotid gland secretory rate are highly suggestive, but require careful controls before a more definite impression can be gained. The method described can be used in plotting out the behaviour of other autonomic functions in relation to the function of repression. (Author's abstr.)

*Conditioning Neuroses in Dog and Cat.*

Under identical conditions—except as to freedom of locomotion—dogs and cats were subjected to stimuli situations in which the nervous system was placed under undue strain. The situations involved delicate discriminations of pitch, and perception of sounds of liminal intensity. The harnessed dogs developed serious neurotic disturbances, mostly of an inhibitory nature. The freely moving cats also developed behaviour disturbances, mostly of an excitatory nature, which were quite impermanent. While the difference of reaction may have been due either to different nervous systems, or to the mode of training, it seems logical to conclude that it was the opportunity for occurrence of gross bodily movements that determined the character of the neurotic disturbance.

(Author's abstr.)

*Autonomic Integration in Schizophrenia. Autonomic Status Determined Statistically, the Thyroid Factor, and a Possible Thyroid-Hypothalamus Mechanism.*

As a point of departure in a study of autonomic integration in schizophrenia the vegetative status was defined by making a statistical analysis of organic findings in a reasonably homogeneous group of 129 schizophrenic patients. The most noteworthy abnormality is a tendency to low oxygen consumption rate. Low blood-pressure, slightly elevated blood cholesterol content, low normal carbon-dioxide combining power, and secondary anæmia attest to a state of general hypometabolism. The female subjects are relatively more hypometabolic than the male subjects. The clinical sub-groups show no consistent differences.

Low oxygen consumption is probably an integral feature of the disease. Since it does not seem to be dependent upon an inadequate supply of oxygen to the tissues or upon intracellular enzyme dysfunction, a disturbance of the mechanisms regulating cell respiration may be postulated. Thyroid insufficiency is probably one factor in the pathogenesis. The symptoms, physical signs and laboratory findings in schizophrenia and in the non-myxœdematous form of thyroid failure are very similar and in the group of patients reported the diagnosis of hypothyroidism is believed tenable in 39.5% of the cases. These patients are apparently more "hypothyroid" than patients studied in the Worcester State Hospital who are males exclusively and who are selected from a non-goitre region.

Thyroid hypofunction serves to explain some of the mental as well as the metabolic phenomena and accounts for certain physiologic abnormalities commonly observed in schizophrenia.

The schizophrenic's lack of response to thyroid feeding does not necessarily nullify the postulate of the thyroid insufficiency, since the thyroid hormone appears to act through the hypothalamus and a diencephalic disturbance would account for both the hypothyroid state and the resistance to the effects of administered thyroid substance. The thyroid insufficiency may be relative rather than absolute.

(Author's abstr.)

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