

Synopses of Papers Awaiting Publication

Memory Changes after Unilateral and Bilateral Convulsive Therapy (E.C.T.)

By RHEA DORNBUSH, RICHARD ABRAMS and MAX FINK

Forty-one depressed patients admitted for E.C.T. to the in-patient service of a private psychiatric hospital were given either bilateral or unilateral non-dominant treatments and examined for changes in memory as a function of electrode placement. Patients were tested pre-treatment and post-fourth or post-fifth treatment for changes in visual non-verbal short-term memory, auditory verbal short-term memory, and the paired-associate learning subtest of the Wechsler memory scale (1945).

On the visual task, there were minimal differences between patients receiving the different treatments. On the auditory verbal short-term memory and the paired associate learning tasks, patients receiving bilateral treatments were more severely affected than patients receiving unilateral treatments.

Changes in memory are related to cerebral lateralization of function and dependent on the interaction of side of electrode placement, the nature and difficulty of the task and the delay between presentation and recall.

*Rhea Dornbush, Ph.D.,
Department of Psychiatry, New York Medical College,
Flower and Fifth Avenue Hospitals,
Five East 102nd Street,
New York, N.Y. 10029, U.S.A.*

Seven Cases of Frontal Tumours with Psychiatric Presentation. By T. L. AVERY

A review of seven cases of frontal brain tumour presenting with psychiatric and other symptoms is given with particular emphasis on presenting personality change, work ability, amnesia, disorientation and alteration in motor activity.

The seven tumours were basal, frequently extending, adherent and pressing on local

structures. Persistent disabilities, both mental and physical, are noted postoperatively and improvement after operation is marked by return of drive and ability to work.

*T. L. Avery, M.B., Ch.B., D.Obst.R.C.O.G.,
D.P.M.,*

*Senior Registrar in Psychiatry,
The Central Hospital, near Warwick.*

Depression Across Cultures. By J. S. TEJA, R. L. NARANG and A. K. AGGARWAL

Comments about differences in the symptomatology of depressive illnesses in different cultural groups have been made by a number of observers. The usual stress has been that among Asians and Africans depression may be: completely masked by somatic symptoms; characterized by excitement; with infrequent guilt feelings and ideas of sin. These statements have mostly been based on the clinical impressions of individual psychiatrists.

One hundred depressives from two North Indian psychiatric clinics were rated on the Hamilton scale for depression. Another study on 30 depressed patients from a clinic in South India was selected for comparison. This is a part of the country where the incidence of depression is reported to be less. Two studies on 116 and 143 British depressives reported from Newcastle upon Tyne were selected for the same purpose. The symptoms as reported in each of the four studies (two Indian and two British) were compared separately amongst each other.

The results of the comparisons indicate that somatic symptoms, hypochondriasis, agitation and anxiety are present in a significantly greater frequency among the Indian depressives. Probably because of comparatively lower level of cultural emancipation, the Indian patient uses the medium of the body more often for expressing inner tensions. For the same reason the inner turmoil is given vent to in a more

agitated manner without any endeavour to constrain its outflow into the external channels of emotional expression.

Our findings do not support the frequent claim that the incidence of guilt feelings is less among the Indian depressives, as compared to the Westerns. However, a qualitative difference in the content of guilt feelings possibly exists. The Indian depressive attributes any sense of sin to his actions in his previous life rather than assuming any responsibility for the 'wrong' actions of his present life. This possibly is a consequence of the Hindu's belief in the theory of rebirth and 'Karmas' (deeds). In contrast the Christian's belief in the concept of the first original sin of life as also the assumption of greater individual responsibility for one's actions are likely to foster self guilt.

Obsessional and paranoid symptoms in the setting of depression are significantly less among the Indian depressives. Rituals being a common practice of the Indian socio-religious system, obsessive compulsive features are not likely to be given the status of a 'symptom' generally. The greater competitive existence of an average Western might explain the greater frequency of paranoid features in them.

*J. S. Teja., M.D., D.P.M.,
Assistant Professor of Psychiatry,
Postgraduate Institute of Medical Education and
Research,
Chandigarh, India.*

Psychiatric In-patients and Out-patients in a London Borough. By A. G. MEZEY and E. EVANS

This analysis of hospital admissions and new out-patients was undertaken to examine the relationship between the two aspects of the psychiatric service and to find out to what extent their roles are complementary, i.e., dealing with different populations in demographic and diagnostic terms, and to what extent they are substitutive, i.e., interchangeable and determined by the organization of the service rather than any identifiable medical characteristic.

It was found that in-patients and out-patients are derived from different though largely overlapping populations. The out-patient referral

rate was very low for the over-65's, and in this age category hospital admission rates reached their highest level. Other groups under-represented among out-patients were the single and the 'previously married', and the two lowest social classes. In-patients and out-patients also markedly differed in diagnostic distribution and mode of referral to the hospital service. It is pointed out that in any given area there is a tendency for an inverse relationship between the rates for hospital admissions and those for new out-patients.

The implications of these findings for the organization of the psychiatric services and the deployment of medical manpower are discussed.

*Alex G. Mezey, M.D., F.R.C.P.(E.), D.P.M.,
North Middlesex Hospital,
London, N.18.*

Unipolar and Bipolar Primary Affective Disorder By ROBERT A. WOODRUFF, JR.

This investigation is an evaluation of 158 patients with primary affective disorder taken from a group of 500 cases collected in a research clinic at the Washington University School of Medicine, St. Louis.

The affectively disordered patients were separated first by the presence or absence of a history of mania. Those with such a history (bipolar patients) were separated from the others (unipolar patients) and the two groups were compared. A further investigation of the unipolar patients alone was conducted, separating unipolar patients with an early onset of affective disorder from unipolar patients with a late onset of affective disorder. Finally, unipolar patients with a history of episodic illness were compared with unipolar patients who had a chronic course of illness over many years.

Significant differences in clinical and family history were found between the bipolar and unipolar groups of patients, and also between unipolar patients of early onset and unipolar patients of late onset. Those differences, particularly in family history data, serve as evidence of the validity of separating bipolar from unipolar patients, and early onset unipolar cases from those of late onset. Such distinctions are warranted in further studies

of etiology treatment and prognosis. The number of chronic unipolar cases available for investigation was small and statistical comparisons were not possible. The results, however, suggested that patients with chronic, unremitting depression over a period of many years may form a distinct group.

*Robert A. Woodruff, Jr., M.D.,
Associate Professor of Psychiatry,
Washington University School of Medicine,
St. Louis, Missouri 63110 U.S.A.*

A Clinical Study of Hypnagogic Hallucinations. By CARRICK McDONALD

These experiences often considered to be essentially 'normal' phenomena have become important in that dream states are now accessible to objective study by the E.E.G. The Records Department of the Bethlem Royal and Maudsley Hospitals produced 48 cases of hypnagogic hallucinations which met strict criteria for their selection. Clinical data were extracted concerning these cases and they were also compared with 26 subjects on the staff of the Joint Hospitals who experienced hypnagogic hallucinations.

Cases presenting with only hypnagogic hallucinations were found to suffer commonly from visual hallucinations, whereas cases with both hypnagogic and diurnal hallucinations were found to have auditory hallucinations, but no gross differences were found in the patterns of mental illness which were associated with the phenomena in these two groups.

A differential diagnosis of mental illness associated with hypnagogic hallucinations was tabulated. A study of hypnagogic hallucinations in subjects not suffering from mental illness revealed a reversal of the age/sex distribution to that found both in patients with functional illness and hypnagogic hallucinations and in patients with organic illness and hypnagogic hallucinations. It is argued that mental illness had precipitated hypnagogic hallucinations and that these should be used in assessing the significance of the form, content and prognosis of the illness.

*Carrick McDonald, M.D., D.P.M.,
Consultant Psychiatrist,
Worlingham Park Hospital,
Surrey.*

The EEG and Sex Chromosome Abnormalities. G. W. FENTON, T. G. TENNENT, K. A. CORNISH and N. RATTRAY

EEG recordings were performed on 22 Special Hospital patients with sex chromosome abnormalities. A control group of patients of normal karyotype from the same hospital and matched for age, I.Q. and duration of stay were also examined. The number of anomalous records obtained was high in both groups and some of the possible reasons for this finding are discussed. However, the subjects with sex chromosome abnormalities had a higher prevalence of EEG disturbance. The prevalence of EEG was as common in the XYY as in the XXY syndrome (most of the previous literature in this field relates to persons with the XXY karyotype). The changes observed almost invariably involved the background activity and consisted of an increased frequency of unduly slow dominant rhythm and a generalized excess of theta activity. The significance of these findings is discussed.

*T. G. Tennent, D.M., D.P.M., Dip. Criminol.,
Special Hospitals Research Unit,
Broadmoor Hospital,
Crowthorne, Berks., RG 11 7EG.*

A Male Monozygotic Twinship Discordant for Homosexuality. A Repertory Grid Family Study. K. DAVISON, H. BRIERLEY and C. SMITH

An 18-year-old male monozygotic twin pair, only one of whom displayed overt homosexual activity from the age of 15 years is reported. Relationships between the parents and each twin were investigated by the repertory grid technique. The identification of the homosexual twin with mother and the heterosexual twin with father was demonstrated and possible reasons for this development are discussed. After apparently successful treatment of the homosexual twin by faradic aversion therapy his repertory grid demonstrated a shift in his position within the family to one more closely aligned with his heterosexual co-twin.

*K. Davison, M.B., M.R.C.P., M.R.C.P.E., D.P.M.,
Consultant Psychiatrist,
Dept. of Psychological Medicine, General Hospital,
Newcastle upon Tyne, NE4 6BE.*

Two Cases of Transsexualism with Gonadal Dysgenesis. B. IONESCU, C. MAXIMILIAN and A. BUCUR

Two cases of transsexualism are studied—one in a man, the other one in a woman—both of them with gonadal dysgenesis. The opinion of the authors is that the disorders of the sexual differentiation and development, that occur in gonadal dysgenesis, may appear both as somatic and psychical intersexualities, separately or associated.

Their hypothesis is supported by data from

the literature, which report the frequency of the psychosexual disorders in gonadal dysgenesis, and by some experiments which endeavour to demonstrate that the psychosexual development and sexual behaviour are intrinsic elements, genetically determined, directed by hormones and merely moulded by education and experience.

*Barbu Ionescu,
Institutul de Endocrinologie,
Bulevardul Aviatorilor 34,
Bucharest, Rumania.*