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A Report of Electric Convulsive Treatment of 102 *Long-term Schizophrenic Patients.*

1. One-hundred-and-two long-term schizophrenics were treated with E.C.T. during a period of 15 months.

2. Eight were released from the hospital; 8 are expected to be released; 35 showed marked improvement; 20 showed improvement in attitude and behaviour; and 31 are considered un-improved.

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3. E.C.T. is considered a useful method in long-term schizophrenics, provided it is given in sufficient amount for a long enough period of time. Although the percentage of those discharged from the hospital is small, a large percentage of these patients have become much better adjusted to hospital life. An important result is marked improvement in the morale of patients and personnel.

4. Long duration of illness should not be a reason for denying E.C.T. to schizophrenic patients, nor should the diagnostic subtype be considered a contraindication to treatment.

5. The possible value of maintenance treatment is pointed out by the fact that 66 of the 102 patients are continuing on maintenance treatment successfully to date. Further investigation is necessary to come to a definite conclusion as to its value. (Author's abstr.).

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Long-term Clinical and Metabolic Observations in Periodic Catatonia. An Application of the Kinetic Method of Research in Three Schizophrenic Patients.

A detailed, metabolic investigation has been conducted in 3 cases of periodic catatonia over a period of 2–3 years.

Case 1, a woman whose illness dated back to 1939 and who for 3 years prior to the present study had experienced recurrent violent excitements, was found to have changes in basal metabolic rate and nitrogen excretion correlating with her phasic changes. The disturbance has been brought under control by treatment with thyroid hormone and she has returned to work.

Case 2, a man whose periodic psychotic excitements date back to 1936, was found to have a relative deficiency in 17-ketosteroid excretion with normal corticoid output. A.C.T.H. caused a normal adrenal response only in the corticoid fraction. This patient also had a low basal rate of oxygen utilization during interval periods and thyroid medication has brought his illness under control.

Case 3, a woman with recurrent attacks of stupor since 1945, was found to have a relative excess of 17-ketosteroids in her urine with marked increases just prior to the onset of the deep retardation. The adrenal response to A.C.T.H. was relatively good, with a somewhat greater increase in corticoids than in 17-ketosteroids. Preliminary trials with cortisone improved her mental state and may provide specific, corrective therapy in this case.

The possible significance of the low rate of oxygen utilization and its relationship to a state of hormonal imbalance are discussed.

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The importance of a careful determination of the hormonal pattern is stressed, if the causes of certain types of mental illness are to be understood and the success of specific, corrective therapy is to be evaluated. (Authors' abstr.).

Prognosis in Frontal Lobotomy by Use of the Malamud Rating Scale.

More than 1,000 lobotomized patients were graded according to level of achievement after convalescence had been completed, and their preoperative rating by the Malamud scale was studied in order to determine what factors were of good and bad omen. Favorable indications appeared in the fields of anxiety, obsessive thinking, and self-directed violence, while unfavorable indications appeared in the fields of hallucinations and delusions, scattered thought processes, and externally directed violence.

The apparent paradox was disclosed that patients came to operation most frequently because of the latter phenomena. Since the objective of psychosurgery is to relieve overwhelming suffering, anything gained above this, as far as level of achievement is concerned, makes the operation even more worth while. The surgeon and the psychiatrist, working together, can select patients who will give almost any desired level of achievement. From the practical standpoint, the Malamud rating scale offers a modest predictive criterion for the selection of patients for psychosurgery. (Authors' abstr.).

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A Cerebellar Component of Convulsive Manifestations.

In a series of 25 cats aseptic removal of various regions of the cerebellum was carried out, and after complete recovery of the animals convulsions were induced by means of intravenous injections of pentylenetetrazol (metrazol ®) or acetylcholine.

1. Removal of half the cerebellum, with a histologically verified extension of the lesions into the ipsilateral bulbar nuclei, caused the cats to lie on the side of the lesion and sometimes to roll to that side. Compensation progressed, until one year after the operation tremor and ipsilateral ataxia were the only outstanding residual symptoms. At that time injections of pentylenetetrazol or of acetylcholine reproduced during the convulsions the original syndrome of cerebellar removal, the animal falling, rolling, staggering, and circling to the side operated on.

2. After ablation of the cerebellar nuclei with and without decortication of half the cerebellum, and in the absence of any extension of the lesions to the bulbar nuclei, the cats were ataxic on the side of the lesion but leaned and staggered to the opposite side for one to three weeks. After complete recovery from the leaning and staggering, pentylenetetrazol and acetylcholine caused in these animals convulsions, during which the cats fell, rolled, staggered, and circled to the side opposite the cerebellar lesion.

3. Ablation of the flocculonodular lobe (partial or complete) gave results essentially similar to those seen after the ablation of the cerebellar nuclei. On the other hand, various cortical lesions of the corpus cerebelli did not influence the direction of the falling and rolling of the animals during the convulsions.

It is believed that the forced movements of the cats to the same side as the lesion following a semicerebellectomy in which the ipsilateral bulbar structures were damaged was due to the activity of the uninjured, and therefore relatively predominant, contralateral vestibular nucleus, and possibly other brain-stem nuclei. The deviation of the animals to the side opposite the ablation following unilateral lesions of the cerebellar nuclei or of the flocculonodular lobe in which no detectable damage to the bulbar structures was incurred is interpreted as being due to a partial isolation and consequent sensitization of the ipsilateral vestibular nucleus, and possibly other bulbar nuclei. Similarly, it is suggested that the absence of any equilibratory dysfunction during convulsive manifestations following lesions of the cortex of the corpus cerebelli was due to the lack of direct fiber connections to the vestibular or other bulbar nuclei from this region of the cerebellum and consequent absence of any change in the sensitivity of these nuclei to convulsant agents after such ablation of the cerebellar cortex. (Authors' abstr.).

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Mesencephalotomy in Treatment of "Intractable" Facial Pain.

In six cases of "intractable" facial pain electrolytic lesions of the pain-conducting pathways were placed in the midbrain (mesencephalotomy), alone or combined with lesions of the dorsomedial nuclei (mesencephalothalmotomy). In three cases, in which the apparent diagnosis was tic douloureux, retrogasserian rhizotomy had been performed by neurosurgical colleagues; in a fourth case thalamic pain had been refractory also to cortical operations; in the fifth case pain of pontine origin had persisted after contralateral prefrontal lobotomy. In the first three cases contralateral (Cases 1 and 2) or bilateral (Case 3) lesions of the dorsomedial nuclei were added to the mesencephalotomy in order to reduce the emotional reactions accompanying a possible remaining pain perception. In the cases with organic thalamic (Case 4) and pontine (Case 5) lesions mesencephalotomy alone was performed. Freedom of pain for the duration of observation was obtained in Case 1 ($4\frac{1}{2}$ years) and Case 5 (for 9 months). In Case 2 a transitory relapse occurred after over three years. In cases 3 and 6 the postoperative period has been too short to permit arrival at a definite appraisal. The thalamic pain (Case 4) was relieved for only $4\frac{1}{2}$ months, probably owing to incomplete interruption of the pain-conducting systems; this case shows at least the important part played by afferent impulses in the pathogenesis of thalamic pain. (Authors' abstr.).

Epilepsia Cursiva.

A "running fit," epilepsia cursiva, is here defined as an episodic alteration of consciousness associated with running.

A group of nine patients were studied who had *grand mal* and/or psychomotor epilepsy and who also had running fits.

All patients had dysrhythmic electroencephalograms with temporal spikes.

These patients were of heterogeneous personality types, and many had conflicts in relation to members of their family. The histories suggest that these conflicts acted as precipitating factors in the illness and that the running was an expression of the conflict.

Phenobarbital and diphenylhydantoin medication was used, combined with superficial psychotherapy of a reassuring and explanatory type. In almost all cases this treatment produced seizure control and decrease in behavior problems. (Authors' abstr.).

Treatment of Multiple Sclerosis with Low-fat Diet.

Three-and-one-half years' experience with a low-fat diet in the treatment of multiple sclerosis is summarized. This diet appears to lessen the severity of the disease by reducing the frequency and severity of the exacerbations. Its usefulness seems greatest early in the disease, before significant disability and a steady progression of symptoms have developed. A final conclusion regarding the value of the low-fat diet will have to await a longer trial of this therapy than at present can be reported.

The mechanism by which the fat intake might influence the disease is discussed. Serious consideration is given to the hypothesis that patients with multiple sclerosis have a basic defect in the suspension stability of their blood, which is upset by the hyperlipemia following heavy-fat meals. (Author's abstr.).

Histamine Therapy in Acute Ischemia of the Brain.

Fifty patients with ischemia of the brain were given histamine therapy according to the intravenous threshold technique. The results were evaluated according to

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a qualitative and a quantitative system of units of dysfunction. Thirty patients were considered to have shown an improvement of over 75 per cent. and 8 patients improvement of 40 to 66 per cent.

The factors which appeared to exert a favorable influence toward improvement were a mild degree of neurological dysfunction, absence of stupor or coma, absence of cardiac insufficiency, an age of under 60, and short duration of dysfunction.

Ischemia may produce a focal and generalized stagnant anoxia, to which the brain reacts with extraction of more oxygen from the blood and vasodilatation in order to increase the primary and collateral circulation.

Histamine is a physiological vasodilator used normally by the body to increase the blood supply to smooth muscles, the heart and skeletal muscles during increased activity. Histamine can be used safely and effectively in assisting the body to compensate for interference with the blood supply to the brain.

(Authors' abstr.).

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Brain Stem Mechanisms in Behavior.

It is clear that the regions of the upper brain stem concerned with behavior have widespread and varied functional and anatomical relationships. The hypothalamus, for instance, participates in extensive neural and neurohumoral circuits which help to regulate metabolic, endocrine and behavioral activities, and it certainly cannot be considered as a functional entity apart from this association, although it must be said that the author's anatomical knowledge of hypothalamic internal and external fiber connections is rudimentary. The relationships of the reticular formation and hypothalamus to the cortex are particularly interesting. The cortex contributes the benefits of its tremendous mechanisms for analysis, synthesis and storage to circuits which involve thalamus, basal ganglia, cerebellum, reticular formation and other subdivisions of the brain stem and spinal cord. A good share of these circuits, especially dealing with autonomic activity and affective behavior feed through the upper brain stem including the hypothalamus. These

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structures, on the other hand, are not only influenced by the cortex, but bring great influences to bear on the so-called higher mechanisms. Thus we have seen some instances of cortical function affected by the hypothalamus in the sense that hypothalamic dysfunction deranged the patterns of neural activity involved—these included disorders of behavior and wakefulness. Direct physiological evidence for this interaction has also accrued from study of the changes in electrical potential patterns which are at present the best means of measuring neuronal activity. It seems not unreasonable, on the basis of evidence available from the work of many scholars, to assume that behavioral patterns depend on complex neuronal circuits which involve several parts of the brain. Patterns of this sort include the various regions of the cerebral cortex, but the participation of subcortical structures is attested by all the observations presented here. These circuits may be destroyed or distorted by lesions or disease at any of several levels and concomitant distortions in behavior result. These circuits are very likely subject to variation from one form of animal to another and perhaps the great temporal-hippocampal-hypothalamic-limbic association may be of greater significance in man than in our long-suffering cats. It is not improbable that it deals with problems which are much more complex and much farther removed from basic functions than the brain of cats can handle.

The author offers the following suggestions on the hypothalamus and affective behavior :

1. The ventromedial portion probably reinforces and intensifies the inhibition of rage which appears to be exerted from other areas. This inhibition may be in part on the lower brain stem, in part on other portions of the hypothalamus which appear to facilitate rage behavior.

2. The malevolent attitude of savage cats seems to involve some cortical mechanisms, since the affective behavior of these animals is alert, well directed and discriminating and the E.E.G. s are of well activated type. It may therefore be suggested that some alteration of the way in which the cortex participates in normal " domestic " behavior patterns also occurs after destruction of the ventromedial hypothalamic area. (Author's abstr.).

E.E.G. in Episodic Psychotic and Psychopathic Behavior. A Classification of Data.

1. The E.E.G. patterns found in adult neuropsychiatric patients demonstrating episodic psychopathic or psychotic behaviour, but without gross cerebral disease, are classified.

2. The E.E.G. patterns have been grouped into two classes, those found in normal children and sensitive to the age factor, and those not found in normal children and not sensitive to age.

3. In the first class, four types are described : excess central-temporal theta rhythm, alpha variant with subharmonic component, posterior temporal slow wave focus and dominant postcentral theta rhythm (rare).

4. In the second class three paroxysmal types are considered together : paroxysmal fast and slow rhythm, fast spike and wave or grouped spikes, and temporal lobe spike foci.

5. No single type of E.E.G. has been found in association with episodic psychopathic or psychotic behavior, but paroxysmal patterns, particularly fast spike and waves and grouped spikes, were associated with episodes of catatonic schizophrenia.

6. The incidence of the two classes of E.E.G. phenomena are described in five abnormal populations and a normal population. The five abnormal populations were psychopathic personalities (194), schizophrenics (147), criminals (150), murderers (110) and a group of undiagnosed behaviour disorders (66).

7. Personality disorder, with antisocial conduct, was prominent in cases showing focal abnormality in the temporal lobes, particularly the post-temporal areas.

8. The reasons are outlined for grouping the E.E.G. patterns into two classes, and for associating the first class with maturation defects in the nervous system, and the second class with processes of homeostatic regulation.

(Author's abstr.).

Psychological Phenomena and the Electroencephalogram.

An attempt has been made to show how psychological and neurophysiological data may be related through time relationships. A distinction has been made

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between recordable *alpha rhythm* and *alpha activity*. The latter is assumed to be a basic cellular rhythm. Evidence is submitted which suggests that the alpha activity cycle is associated with an excitability cycle in particular aggregates of cells. The excitability cycle is proposed as a means of pulsing and coding sensory impulses, and examples are provided from behavior and subjective experience in support of this concept. (Author's abstr.).

Survey of E.E.G. Findings in 1,000 *Patients with Chief Complaint of Headache.*

The E.E.G. tracings of 1,000 consecutive subjects with headache of presumably non-organic origin were classified with respect to normal, borderline and clearly disordered character. The overall percentage of disordered tracings was 9·7 per cent. in males as compared with 20·5 per cent. in females. The incidence of disorder was therefore high for both sexes but especially so for the females. The sex discrepancy was not based upon inequalities in age distribution as the data were tabulated separately for approximately decade groups. No indications could be established relating severity of headache to expected incidence of E.E.G. disorder.

Vomiting was a symptom associated with a significantly higher incidence of E.E.G. disorder. A family history of non-specific headache and migraine, epilepsy or psychiatric disorder predisposed to dysrhythmia in the subjects with headache. (Authors' abstr.).

Activation of E.E.G. Disturbances with Metrazol (Pentrazol) in Epileptics, Normals and Patients with Syncopal Attacks.

A short survey is given of the methods available at present to provoke E.E.G. changes in cases of epilepsy or suspected epilepsy with a normal resting E.E.G.

It is shown that while only one of 63 (1·6 per cent.) non-epileptic subjects exhibits characteristic E.E.G. disturbances ("cerebral paroxysm") after 350 mg. Pentazol (Metrazol) administered by intravenous injection, these E.E.G. changes are seen after $\leqq$ 350 mg. Pentazol in 79 of 96 (82 per cent.) patients suffering from epilepsy and in 51 of 75 (68 per cent.) patients suffering from syncopal spells (excluding 17 cases with syncope attributable to vascular or other demonstrable etiological factors). The idiopathic cases of both groups were more likely to show cerebral paroxysms (after a smaller mean dose) than the symptomatic ones. (Author's abstr.).

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Form of Living Organisms in Psychotic Patients.

1. Living zooid organisms from the brains of mentally ill patients were examined in saline suspensions under the dark contrast, phase, 97 ×, oil immersion microscope. Over 132 cases were studied and illustrated. This material came from 10 lobotomies, 20 topectomies, 102 post mortems, and other cases. The technique was described.

2. Filaments of smooth, segmented, and globular varieties were explained. Their origins from cysts and statoblasts, and their breaking up into globular forms were indicated. Branched, lashing, and pulsatile forms were described.

3. Rods and water vascular tubes were discussed.

4. Globular forms were the most numerous zooids which often formed the teeming multitude of organisms in the saline suspensions. Their origin and fate were given.

5. Cysts in all their varieties, some with stems, were thought to be zooid-carrying devices or spore-cases.

6. Statoblasts, round or flat structures with zooids inside and hooks, spines, or filaments on their outer margin, were regarded as dormant seeds coming out of colonies in nerve cells.

7. Mucoid sacs and their formations functioned as gatherers of small zooids at the end of the observations.

8. The manner in which red blood cells were parasitized was dealt with.

9. The size and motor activities of the zooids were stated.

10. The colonial groupings and other characteristics of the zooid infestation of nerve cells were alluded to and illustrated.

11. Lipofuscin granules were interpreted as old, dead zooids surrounded by adherent fat.

12. The consistent nature of a *heavy infestation* of the cells of the cerebral cortex and thalamus was indicated as a significant feature in psychoses.

(Author's abstr.).

Selective Utilization of Unilateral Lobotomy.

In order to assess the effects of a more limited operative procedure on certain patients whose illnesses were characterized by the presence of strong affective features and/or relative preservation of the personality and who by ordinary criteria would be considered candidates for a bilateral lobotomy, 13 such patients were subjected to a unilateral operation. After follow-up periods of varying duration, 5 of these patients were considered " much improved," 4 " moderately improved," and 4 essentially unimproved. Cases exhibiting strong depressive or obsessive features in the presence of adequate reality contact and relative preservation of the personality responded best to this limited operative procedure. It is suggested that a unilateral operation as well as other types of " fractional " lobotomy may be utilized in the treatment of mental illnesses of this type. Those cases with a history of recurrent manic attacks or whose clinial pictures were predominantly paranoid responded less favorably. There was no correlation between clinical result and such factors as age, diagnostic category, type of onset, and duration of illness. Postoperative personality defects were relatively mild. Electroencephalographic changes were transitory. (Authors' abstr.)

The Meaning of the Abnormal Electroencephalogram in Schizophrenia.

1. The E.E.G.'s of 100 adult schizophrenic patients have been found to have 60 per cent. of abnormality. This confirms findings reported earlier on other groups of psychotic patients.

2. Within this group electrocortical pathology appears to have a significant correlation with various clinical factors.

(*a*) The incidence of abnormal E.E.G.'s is higher in the clinically malignant groups having onset of the disorder during adolescence, but no positive correlation

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was found for the involutional group. Early onset of the schizophrenic process shows positive correlation with abnormal E.E.G.

(*b*) The present age of the patient also shows some positive correlation with abnormal E.E.G., since above the age of 45 years the number of abnormal records falls definitely.

(*c*) Duration of illness is more sharply related to incidence of E.E.G. abnormality, there being 42 per cent. abnormal records when the illness has lasted three years or less, but 72 per cent. abnormality in duration of over 10 years.

(*d*) Deterioration as measured in this study is clearly related to E.E.G. abnormality.

(*e*) Those patients having family histories which were positive for psychopathology had a higher incidence of abnormal E.E.G.'s (73 per cent.) than did those with negative family histories (59 per cent.). Furthermore, psychologic deterioration and poor family histories appeared to be related.

(*f*) There were 65 subjects who had had shock treatment and 35 who had had none. The treatment did not appear to have influenced either the incidence or type of E.E.G. abnormality or the degree of psychologic deterioration.

3. In this small series of patients, therefore, it appears as though abnormal electroencephalograms were quite definitely more frequent in the group of cases in which the psychopathologic process was most severe, as indicated by early onset, long duration, malignant clinical course, marked psychologic deterioration, and a positive family history of psychologic disorders. These are findings which might be expected if the schizophrenic process is thought of as a progressive disorder which ultimately profoundly affects performance of all organic systems including that of the cerebral cortex. (Authors' abstr.)

Human Sonar. The Amygdaloid Nucleus in Relation to Auditory Hallucinations.

Amygdaloidectomy has been performed in 5 patients for the relief of auditory hallucinations with apparent success in 4. The abnormal behavior associated with the psychoses has been less influenced.

The amygdaloid nucleus is considered the motor mechanism whereby the patient's thoughts are transformed into temporally patterned movements of the articulatory musculature.

The similarity of hallucinations and the sonar mechanism of cetacea and chiroptera is suggested. (Authors' abstr.)

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A Sex-linked Variant of Gargoylism.

In three generations of an English family, four and possibly five cases of gargoylism, in which corneal opacity was lacking, are described. All five subjects were males and they appeared to inherit the condition as a sex-linked recessive character.

The necropsy findings in one of these cases are described.

(Authors' abstr.)

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Diffuse Thalamic Projection System in Monkey.

The diffuse thalamic projection system has been studied in the monkey by evoking recruiting responses with thalamic stimulation and determining their cortical and subcortical distribution with recording techniques.

The thalamic origins of this sytem include the centre median, intralaminar, inferior part of the medial, ventralis anterior and anterior reticular nuclei. These components form a functional unit, excitation of any part of which sets the whole into activity. By intrathalamic connections, the recruiting responses from these nuclear origins are conducted to the association nuclei of the thalamus—medial, anterior, lateralis complex and pulvinar. These association nuclei form the final relay for many if not all of the corticopetal recruiting effects. Accordingly, the cortical distribution of responses is limited to associational areas to which these nuclei project. Although organized for mass action on the association cortex, the most significant finding in the more highly developed monkey brain is the high degree of frontal specialization of this system, the great preponderance of effect passing to the frontal association cortex. This suggests that the diffuse thalamic projection system may have a most important role in frontal lobe functions.

(Authors' abstr.)

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Vascular Concomitants of Spreading Cortical Depression.

The spreading depression was found to be accompanied by a volumetric change of the cortex. The cortical volume started to decrease at about the same time that the slow potential change developed. It was concluded from this that the spreading depression is accompanied by a wave of vasoconstriction. Furthermore, a drop in oxygen tension of the cortex was observed during the spreading depression.

From the data it would seem possible that the spreading depression of cortical activity is an asphyxial phenomenon caused by the wave of vascoconstriction which slightly precedes it. There is evidence against the identification of the slow potential which accompanies the spreading depression with an asphyxial phenomenon. (Authors' abstr.)

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Responses of Cortex to Direct Electrical Stimuli Applied at Different Depths.

Direct stimulation of the optic and parietal cortex in cats has been carried out by means of single electrical shocks delivered over tripolar electrodes placed at various depths below the cortical surface. The responses are compared with those obtained following single shocks to the optic nerve or radiation.

Stimulated at the surface, only a simple negative wave is recorded from electrodes, one at the surface and a second at any depth below it. As the stimulus is applied deeper below the surface, a diphasic, initially surface-positive wave is obtained. Further findings are interpreted as indicating that no significant conduction occurs downward over apical dendrites of pyramid cells; they therefore respond only locally or decrementally. Facile conduction upwards occurs, i.e., in an "antidromic" direction when the stimulus is applied below the cortical surface.

Stimulated at one-half or more of the depth toward white matter, one and finally two or three short spikes are elicited from optic cortex, comparable to those following activation over the radiation. As the region of radiation endings is reached by the stimulus the full cortical response to afferent stimulation is obtained, completing the transition of the record from that of direct to that of indirect stimulation.

The chief difference between the directly and the indirectly stimulated response, aside from the circumstance that the direct stimulus may activate simultaneously structures which respond successively to indirect activation, lies in the behavior of the apical dendrites. Directly stimulated from the regions of their cell bodies they always give evidence of conduction toward the cortical surface. Indirectly activated via the radiation, such conduction often fails, even following maximal stimulation of the optic nerve, and nearly always fails following near-threshold stimulation. It is inferred that in normal non-synchronous activation, conduction does not take place from cell body to apical dendrite; but that when enough dendrites are activated, some mutual reinforcement promotes conduction of an impulse in the antidromic direction.

By comparison of these results with the results of activation of the cortex by strychnine or by other paroxysm-inducing procedures, it is inferred that the strychnine or paroxysmal spike is predominantly the sign of a conducted response in the apical dendrites; and that the abnormality of the paroxysmal state involves both the hyperirritability of these structures and their mutual reinforcement and activation to a massive and well-synchronized discharge.

The series of spikes and slower positive and negative waves of the cortical

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response are assigned tentatively to the activity of known structures of the cortex (radiation endings, cell bodies, basal and apical dendrites) at specific cortical levels. (Authors' abstr.)

Experimental Contributions to Problem of Consciousness.

In the intact, anesthetized animal physiological sensory stimuli (nociceptive, proprioceptive, and auditory) can elicit a generalized cortical reaction which is characterized by bilateral activation in specific and non-specific projection and association cortical areas; this response can be regarded as an awakening reaction. Usually the specific cortical area related to the type of stimulation used shows a greater degree of excitation than the non-specific areas.

Whether or not an awakening response is elicited depends on the level of anesthesia of the animal and type of stimulus used. The sequence of the sensory stimuli listed in decreasing order of ability to produce an arousal reaction are; (i) pain (most effective); (ii) proprioception; (iii) auditory stimulation; (iv) optic stimulation (least effective). The cortical reactions to these stimuli were evaluated according to the following: (i) number of specific and non-specific cortical areas activated; (ii) degree of excitation in activated areas, the highest degree of excitation in a Dial animal being indicated by a disappearance of Dial bursts and an increase in frequency and amplitude (asynchrony and recruitment); (iii) duration of excitation (a strong response frequently outlasting the stimulation period). In response to sensory stimulation there is a high correlation between the generalized cortical response and activation of the hypothalamus while specific cortical responses do not involve excitation of the hypothalamus in most cases. Hypothalamic activation occurring simultaneously with generalized cortical responses supports the view that the hypothalamus takes an active part in the awakening reaction. It is suggested that normally the hypothalamus is responsible for the generalized cortical or arousal reaction. Sensory stimulation (involving nociceptors, proprioceptors and acoustic receptors in decreasing order of effectiveness) and hypothalamic activity have been related to the awakening response. (Authors' abstr.)

Responses Following Electrical Stimulation of Anterior Lobe of Cerebellum in Cat.

A report is made of the electrical stimulation of 22 cortical points and one subcortical point on the anterior cerebellar lobes of 19 unanesthetized cats.

Stimulation near threshold caused ipsilateral muscle activity primarily. A fairly regular somatotopic localization was found with the tail, hindlimbs, forelimbs, neck and face represented in order in an antero-posterior direction over the surface of the lobe. However, primary responses in the extraocular eye muscles, neck, forelimb, wrist extensors, shoulder, hip and hindlimb all were obtained from points on culmen. From centralis effects were seen in the hips and tail.

These results differ in part from the topography previously described by other workers. A possible explanation for the discrepancies based on a review of the anatomy of the anterior cerebellar lobe is given.

Rebound was often but not universally seen in these experiments.

Responses to threshold stimuli repeated at any one point were always remarkably similar. Following supraliminal stimulation at a point, the spread of the peripheral motor effect always followed a fixed pattern both spatially and temporally.

Points situated only 1 mm. apart on the same folium gave distinctly different responses. Bipolar stimulation of the two points gave a response intermediate in effect between the two unipolar responses.

Long cerebellar after-effects or " seizures " similar to those elicited from other cerebellar areas occurred in 12 cats. The pattern of spread in these seizures differed from those previously described.

In two instances seizures occurred upon stimulation before anesthesia had completely disappeared and while the animals were unable to stand. In one animal seizures were produced after removal of the contralateral cerebral motor cortex.

Sensory responses were uncommon. They occurred most often from the more anterior points on the cerebellum and were quite like the responses seen during stimulation of the paramedian lobes.

Following stimulation of a small area of centralis, autonomic responses were

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seen. Their similarity to effects already described as occurring upon stimulation of the anterior fastigial nucleus to which this area of the cortex projects is noted. (Author's abstr.)

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Orbitofrontal Lobotomy with Reference to Effects on 55 Psychotic Patients.

Orbitofrontal lobotomy was performed on 55 patients, each of whom had been committed to a state mental institute for an average of 8 years.

Twenty-nine were discharged from the hospital. Eight are entirely independent, 11 partially self-supporting, and 10 remain under supervision at home.

Twenty-five patients have remained in the hospital, with 17 showing improvement enough for transfer to open wards and part-time work. One patient expired but was not considered to be an operative fatality.

Convulsive seizures following lobotomy have occurred in 3 patients. There have been no instances of post-operative haemorrhage or of persistent urinary incontinence.

Relatively little correlation of clinical symptoms with electroencephalographic and pneumoencephalographic studies was observed.

Orbitofrontal lobotomy was relatively effective in this series of patients in normalizing emotional responsiveness, without the production of the undesirable blunting of personality, or the usual incidence of post-operative complications that accompanies less selective procedures of this nature. (Authors' abstr.)

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1. The effects of histamine biochemotherapy on 11 non-hospitalized schizophrenics are presented in a preliminary report, and the findings and endocrine interrelationships are analyzed from a physiodynamic viewpoint involving endocrine interrelationships.

2. In this study, histamine has been observed to reduce both tolerance and craving.

3. ACH, ACTH and cortisone have been reported to increase tolerance and reduce craving.

4. The need for sharp differentiation between cerebral tolerance and craving, as influenced by therapy, is stressed.

5. The full significance of this difference in action must await detailed reports on the psychiatric classification of patients under treatment by all groups of investigators.

6. The importance of diagnosis is stressed as fundamental to proper endocrine therapy.

7. The metabolic approach appears to be a promising avenue for the study of problem drinking just as it is for psychiatric disorders in general.

(Authors' abstr.)

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