# Part III.—Bibliography and Epitome.*

## ACT. LUSO-ESPAÑ. NEUR. PSIQUIAT.

VOL. VII. 1948.

Egaz Moniz. *Fernandes, B.* . . . . . 253
Comparative Results of the Prefrontal Leucotomy of Moniz and the Lobotomy of Freeman. *Almeida Amarol, M.* . . . . . 257
Evolution of the Technique of Cerebral Angiography. *Lima, A.* . . . 267
Clinical and Psychological Studies of Leucotomy. *Fernandes, B., et al.* . 274
Functions of the Frontal Lobes According to the Results of Prefrontal Leucotomy. *Freeman, W.* . . . . . 299
Limiting Indications for Leucotomy. *Lopez, Ibor J. J.* . . . . . 307
Results of a Series of 320 Cases of Prefrontal Leucotomy. *Stengel, E., and Carse, J.* . . . . . 312
Prefrontal Leucotomy on Three Occasions. *Yahn, M., et al.* . . . . 319

VOL. VIII. 1949.

The Neurological Problem of Lipoidosis. *van Bogaert, L.* . . . . . 1
Penicillin in the Treatment of Neurosyphilis. *Hombravella, N. A., et al.* . 19
A Case of an Amyostatic Syndrome due to an Occupational Poisoning with Manganese. *Ardid, R. R., and Torrente, A. S.* . . . . . 42
The Study of the Familial Paraplegia of Strumpell. *Ferraz, A., jun., and Ribeiro, E.* . . . . . 56

## ACTA PSYCHIAT. NEUROL.

VOL. XXIV. 1949.

An EEG Localised Focus in a Case of Sturge-Weber Syndrome, Extirpated with Good Results. *Bendt, B., and Hertz, H.* . . . . . 1
Clinical Results in Mental Illness with LSD. *Condrau, G.* . . . . . 9
*On the Initial Impairment of Consciousness Following ECT. *Lunn, V., and Trolle, E.* . . . . . 33
Studies on the Cerebral Carotid Sinus Syndrome. *Ostenfeld, I., and Møller, E.* 59
Lumbosacral Spina Bifida with Especial Reference to Operative Indication and Prognosis. *Truelsen, E.* . . . . . 81
Encephalitis of Batavia. *Verhaart, W. J. C.* . . . . . 135

*On the Initial Impairment of Consciousness following Electric Convulsive Therapy.*

(1) The postcomatose impairment of consciousness is during the first 10 min. after the shock, deeper in cases where convulsions have occurred than in cases where the shock has produced loss of consciousness without eclamptic phenomena (*petit mal* seizures). This difference vanishes in the course of the following 30 min. and cannot be ascertained 60 min. after the shock. On the other hand, it has not been possible to ascertain any connection between the dosage and the degree of postcomatose somnolence.

(2) Within the filed " personal data," name and marital state shows the greatest resistance towards the general impairment of consciousness after the shock, while especially the concept of age seems very vulnerable. 10 min. after the shock about 90 per cent. of all the patients are thus able to give the name and marital state correctly, while only 10 per cent. at this time is able to state their age. As late as

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two hours after the shock about 20 per cent. of all the patients are confused as regards their age.

(3) Orientation in space is re-established gradually in the course of the first two hours after the shock and is completely normal two hours after the shock. Compared to this orientation in time seems much more vulnerable. As late as two hours after the shock more than 50 per cent. of the patients are thus unable to state the duration of their stay in hospital.

(4) The power of retention seems to be highly comprised during the hours subsequent to the shock. As late as one hour after the shock only 15 per cent. of the patients are able to retain figures with four digits after distraction of the attention. On the other hand, the power to mobilize previously memorized matter seems only to be slightly reduced.

(5) A retrograde amnesia—measured by the ability to recognize pictures shown to the patient immediately before the shock—is observed in 50 per cent. of the patients 30 min. after the shock. It disappears in the course of the following hours. However, the period covered by the amnesia does not seem to diminish gradually; the re-establishment of memory is apparently sudden and total.

(6) Apperception is a constituent part of all the performances on the basis of which it is attempted to elucidate the above mentioned "specific" psychic elements. Besides these tests the patient apperception is evaluated on the basis of his ability to describe pictures shown to him and to name colours and objects shown to him. 30 min. after the shock about 85 per cent of the patients are able to give a satisfactory description of the content of the picture, while at the same time expressing a comprehension of the point of the picture. It appears from this that negative results of simultaneous "specific" tests are not due to disturbances of apperception.

(Authors' abstr.)

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*Paralysis Agitans. *Mjones, H* . . . . . No. 54

*Paralysis Agitans.*

The present investigation on paralysis agitans is based on 194 probands and 162 secondary cases belonging to 79 proband families.

Paralysis agitans of hereditary origin is characterized clinically by a considerable variability in the symptoms. The age of onset in the material varies between 7 and 81 years of age. The average age of onset is $49 \pm 1{\cdot}4$ years. Tremor is the most constant and in some cases the only symptom. The incidence of formes frustes in the series is 20 per cent. Mental symptoms of "reactive" or "organic" type occur in approximately 40 per cent. of the patients. No support is found for the hypothesis of a special paralysis agitans psychopathy or psychosis.

No grounds are found for assuming that juvenile paralysis agitans is an independent nosological entity.

The assembled results of the genetic-statistical analysis show that, with a high degree of probability, the mode of inheritance for the paralysis agitans cases in groups I and II (families with secondary cases and the parent crossing unaffected × affected and unaffected × unaffected respectively) is monohybrid autosomal dominance. It is pointed out that in Group II it is probable that there is a number of families in which the loss of secondary cases is particularly apparent. The parent combination unaffected × unaffected is therefore presumably an artefact (at least in the majority of cases) and the two groups represent the same nosological entity. The Mendelian figure is about 30 per cent. The main explanation of the fact that the expected Mendelian figure of 50 per cent. is not reached is the occurrence of inhibitions of manifestation. The degree of manifestation is estimated to be approximately 60 per cent.

In respect of Group III, containing solitary cases, it is pointed out that it presumably consists of cases both of hereditary and exogenously conditioned origin. These cannot be differentiated clinically, nor is it possible to determine their respective proportions in the group. It is therefore impossible to make any statements regarding the mode of heredity in the hereditary cases in Group III.

The only tenable criterion for the diagnosis of hereditary paralysis agitans is the demonstration of secondary cases.

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