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Synopses of Papers Awaiting Publication

Confabulation. N. BERLYNE.

A study of confabulation was carried out in seven patients suffering from the Korsakov syndrome and in 23 cases of dementia of varied aetiology. The clinical features are described. Two forms of confabulation were evident—one which represented temporally displaced true memories (momentary confabulation) and one which represented wish fulfilling fantasies (fantastic confabulation). Both types of confabulation could be distinguished in the Korsakov syndrome dementia. Confabulation occurred in 23 (37·1 per cent) of a series of 62 dements and thus seems to be commoner than is generally believed. Confabulation was shown not to reflect intact intellectual function, clouding of consciousness nor heightened suggestibility. There was no relationship between basic personality and momentary confabulation. There was, however, some evidence that fantastic confabulation might be related to underlying personality traits. Confabulation always arises against a background of defective recent memory, but additional factors must operate for its emergence. These are discussed, and a working definition of confabulation is suggested.

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A Psychotherapeutic Approach to the Suicidal Patient. DORIS Y. MAYER.

It is suggested that the suicidal patient arouses anxiety and sometimes even hostility in the doctor or psychiatrist he consults and that the usual therapeutic response of medication, or admission to hospital may be of more use to the doctor than to the patient. The doctor, subject like the patient to the peculiar pressures of our society, acts in order to protect himself from experiencing the patient's depression. If he is aware of this he is more able to face the anger and despair which are seen as invariable factors in every suicide or suicidal gesture. An account, illustrated by case material, is given of the author's method of treatment.

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Cluster Analysis: A Brief Discussion of Some of the Problems. B. S. EVERITT.

Computer programs for cluster analysis are now widely available, and this availability has led many psychiatrists to apply the method to their data. This paper attempts to point out some of the more serious problems of this type of analysis, in the hope that future users of the technique will be more wary of drawing any firm conclusions from their analysis.

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Modified Leucotomy Assessed Clinically, Physiologically and Psychologically at Six weeks and Eighteen months. By DESMOND KELLY, C. J. S. WALTER, NITA MITCHELL-HEGGS and WILLIAM SARGANT.

Seventy-eight patients were assessed clinically, psychometrically and physiologically by forearm blood flow, heart rate and blood pressure, both before and six weeks after modified leucotomy. The overall improvement was 70 per cent, and the diagnoses which carried the best short term prognosis were depression and anxiety, with 80 per cent improvement, while 50 per cent improvement was obtained in obsessional neurosis. Although most of the first cohort of patients who were seen again after 18 months maintained their improvement, the patients with chronic anxiety showed some deterioration, while those with obsessional neurosis had further improved. There were significant decreases in the scores on the Taylor Scale of Manifest Anxiety, Neuroticism and Anxiety Self-Rating, and this was accompanied by a significant decrease in physiological arousal as evidenced by forearm blood flow, heart rate and systolic blood pressure, under conditions of both rest and stress. The best physiological preoperative predictor of a good clinical result at six weeks was a high 'basal' and low 'stress' forearm blood flow. The methods described in this paper are being used to evaluate a stereotactic limbic leucotomy, using a cryogenic probe which produces small lesions in white matter by freezing. It is concluded

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that psychosurgery still has a place in the treatment of severely disabled psychiatric patients when other methods have failed.

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The Effect of Psychiatric Education on Attitudes to Illness among the Ganda. By J. H. ORLEY and J. P. LEFF.

In an attempt to measure changes in attitude to illness amongst educated Ugandans, a semantic differential (Osgood) was prepared using 11 diseases as elements and 8 constructs. The test was administered to 3 groups of Ugandans consisting of 19 qualified psychiatric nurses, 17 nurses just beginning the psychiatric training course, and 17 school leavers.

Analysis of the grids derived from the test showed that the two traditional constructs, 'Ganda—European' and 'comes by itself—sent', were used most by the school leavers, least by the qualified nurses, and to an intermediate extent by the student nurses.

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The Psychiatric Differentiation of Senility and Arteriosclerosis. By DAVID PETER BIRKETT.

The purpose of this study was to find whether valid psychiatric criteria could be established for distinguishing between senile and arteriosclerotic brain disease.

The cases examined comprised all the patients in a large mental hospital who were over 70 years old at the time of examination and had had no obvious mental illness before the age of 50.

Three-hundred and forty such patients were examined while alive. Conventional case histories were recorded. A questionnaire was administered covering the criteria given by several authorities for distinguishing between the psychiatric features of senile dementia and arteriosclerotic psychosis.

Ninety of the patients died in the hospital during the period of the study, 31 were autopsied. Of these cases, 14 had infarcts without positive evidence of senile brain disease and ten had senile brain disease without positive evidence of infarcts. The report is finally concerned with these 24 subjects. Brief case histories of the 24 subjects and descriptions of the neuropathological findings are available from the author on request.

The statistical findings indicate a more acute onset, better preservation of personality and insight and greater mood lability in the infarct group.

The senile group were generally more deteriorated mentally at the time of examination. This may have tended to obscure differences between the two groups statistically.

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Change of Therapists as a Cause of Absences from Group Psychotherapy. By ANTHONY DINNEN.

The participation of a number of staff members in group psychotherapy meetings constitutes multiple therapy. A consequence of such a practice is the substitution and replacement of therapists. Our experience with a long-term predominantly outpatient analytic family group suggested that changing therapists was a practical and useful technique. However, over a two-year period, fluctuations in attendance appeared to reflect the group's reaction to either temporary or permanent loss of the senior therapist. Although the group meetings were conducted by substitute therapists in the absence of the senior therapist, the group members reacted by staying away themselves. The significance of these findings is discussed, and it is concluded that the changes in attendance are a function of group transference.

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