THE EPILEPTIC VOICE SIGN.

By L. Pierce Clark, M.D.

Dr. Clark presented a paper on changes in the voice occurring in epilepsy, comprising a study of the subject with E. W. Scripture, after the latter's methods. The patient speaks into a mouth-piece connected with a small recording capsule that registers the vibrations on a rapidly revolving smoked drum or kymograph. On examining the records thus made and comparing them with records made by the normal voice, and with records made by voices of patients afflicted with other nervous and mental diseases (in which there is obvious voice defect), it was demonstrated that the voice records of the epileptic are distinctive and peculiar. On analysis it was shown that the melody proceeds by even steps or "plateau speech," as designated by Dr. Clark. There is a tendency to monotony. In the normal speech, Dr. Scripture has well shown, in his researches, that every vowel used has a rising and falling melody, or "unit circumflex," very differently recorded on the kymograph. This voice defect of the epileptic develops with the disease. The more severe the epilepsy and the longer its duration, the more marked the voice sign. The sign is an expression of the underlying brain degeneration. It occurs in patients not treated by bromide and is found in all idiopathic cases in varying degree. It can be detected plainly by the ear, and is of diagnostic and prognostic value.

THE EYE SYNDROME OF DEMENTIA PRÆCOX

By L. Pierce Clark, M.D.

It is well known that dementia præcox forms nearly one-fourth of all the asylum admissions and that next to paresis it has the most hopeless prognosis as regards cure. Kraepelin believes the vast majority of cases undergo an early mental death. Better prognosis ought to be obtained by a much earlier diagnosis. In most cases of dementia præcox it is possible to elicit a pre-asylum history of the disease for months or even years, during which the brain must be undergoing many irreparable alterations. In time it may be possible to make dementia præcox as much an extra-asylum disease as paresis is now. Many cases of the disease are successfully managed in their homes and out-clinics to-day.

The real pathogenesis of dementia præcox would seem to depend in no small degree on physical causes. The evidence of its autotoxic character has steadily increased since Morro advanced the theory in 1900. Thus many of the urine studies show very defective elimination, fully one-half of the subjects die of tuberculosis. Certain toxic dermatoses, such as erythemata and vaso-motor paresis, seen in chronic intestinal putrefaction, occur most frequently in dementia præcox. Since additional facts are at hand, as shown in the co-existence of psychic excesses such as neurasthenia and the like with states of autointoxication. Blood studies usually show a toxic state, especially in the katotonic form of this symptom-complex.

Three years ago Dr. Clark enlisted the interest of Dr. Tyson in the study of the significance of the ocular signs and symptoms of dementia præcox in any efforts to make an earlier diagnosis possible. At that time