

Periscope

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1. Clinical Studies in Epilepsy (Continuations). DR. L. PIERCE CLARK.
2. A Clinical Study of Epileptic Deterioration. DR. JOHN T. MACCURDY.
 2. *Epileptic Deterioration*.—The mental condition in epileptic deterioration, because of a number of distinctive features, is well worthy of detailed observation by the psychiatrist. This deterioration differs from that which is encountered in gross organic brain disease, and at the same time it has features which make it distinct from the mental dilapidation seen in the terminal stages of the functional psychoses—notably dementia præcox. It differs from both these conditions, but still has some features in common with both. The study of epileptic deterioration, therefore, should broaden our knowledge of all forms of mental deterioration. This is what MacCurdy's study has accomplished. He not only indicates how deterioration may develop in epilepsy because of faulty adaptations in an abnormal personality, but by applying this explanation in the case of faulty mental adaptations observed elsewhere, he offers a general explanation of how deterioration may arise on a functional or psychogenic basis. This is interesting in the personality changes at times seen in essentially normal individuals. We know some people, who, although still apparently of normal mentality, fall off markedly in interest, in mental efficiency, and in productivity; they "get in a rut," or "settle down" as we say, and sink into insignificance. MacCurdy in his present analysis has offered an explanation which would account for these changes, although this interesting feature is discussed only incidentally by him in order to illustrate the severer forms.

To return to epilepsy. MacCurdy emphasizes that the disease should not be studied through the seizures alone, since the seizures represent but one symptom. On the other hand, he considers the distinctive *personality* of the epileptic of major importance; and, although his explanation of epileptic deterioration is based largely upon this assumption, he none the less is quite prepared to admit an organic basis, could constant organic changes in the brain be found. This has never been consistently demonstrated or brought into correlation with the symptoms. Investigation in other directions, namely as to faulty functions of the ductless gland, etc., has also given us little definite as yet. In view of these essentially negative findings, MacCurdy feels warranted in approaching the subject from a *psychogenic* standpoint. In this direction ample clinical material is found. The epileptic is of a distinctive type of personality, having many of the more primitive attributes, and being essentially selfish, egotistical, boastful and insincere. He has a child like desire for praise, and in all respects, because of his primitive and egotistical mentality, he is very poorly equipped for the adult adjustments to life. Because of this poor mental equipment and inability to adapt himself,

the epileptic is anti-social in his tendencies. As he matures his conflicts increase, and he fails in all the broader issues of life. With this failure his deterioration begins. He grows more selfish, less considerate of others, less restrained, and because his former activities fail to satisfy him, he loses interest in them. Here we have a fair setting for deterioration from a psychogenic standpoint.

MacCurdy's description of the various degrees of this deterioration is particularly valuable. The milder form is very slight, difficult to define accurately, but nevertheless its presence is significant. The patient becomes more egotistical than formerly, more boastful, in a way which often makes him appear ridiculous. Of one of these cases it is said: "On careful inquiry it was found that he had changed in the following ways: he was more amenable to flattery and to secure it had frequently to be coaxed to play baseball. He would exaggerate little injuries in order that coaxing would be necessary. He boasted more and seemed less cognizant of the fact that he did not increase in people's estimation by so doing. He showed less judgment about 'showing off' than he had previously done; he was sometimes inexpressibly silly in this. These changes evidenced an egotism less curbed than before by a judgment as to how to secure approbation. . . . This patient, then, shows an easily understood development of egotism with a loss of judgment about the desirability of boasting, a coincident loss of adaptability and personal pride, and a restriction in his interests and output of energy." Here is a form of deterioration which we have not often found described. As mentioned above, we have something approaching this mild form in the gradual change of personality in some essentially normal people, who, because of certain failures or disappointments in life, exhibit comparable reactions. Subsequent to this milder grade a severer form of deterioration develops. This change has a number of distinctive features. It is not the deterioration or organic brain disease, in which memory, orientation, etc., suffer disproportionately; nor is it of the dementia præcox type; "interest is not taken from the real world to be placed in an imaginary one; realities do not turn into delusions; friends do not change to foes, but cease to exist; love does not turn to hate but indifference. The personality is not distorted; it is blotted out. Contact with environment in dementia præcox is lost at one or more points; in epilepsy contact is lost at all points. The epileptic's interest is withdrawn not to be put out again on some fantastic object but on himself, and, as his personality exists only in virtue of its being a social unit, the very self ceases to exist except as a body." In epilepsy there is a mental retraction in all directions, in interests, in attention, in acquiring new knowledge, etc. MacCurdy uses Hoch's explanation of this as "a loss of mental tension," i. e., of a driving force directing attention. This force fails, interest is lost, and serious deterioration follows. Of one such patient it is said: "His apathy and lack of spontaneity were striking. He coöperated well and with apparent interest but showed no variations in his mood. When glaring defects in his memory were shown, he gave no evidence whatever of feeling sensitive about it. . . . There was no spontaneity in his talk; he never initiated any idea or kept any topic going that had been started. . . . He was well oriented and his retention on a test was good. His memory defect, however, was extremely typical. Colony events for the past week or so he recalled well but even striking events of several weeks previous he remembered with huge gaps." This memory defect makes one think of organic brain disease; but epileptic deterioration, in *aphasic symptoms*, has a still closer parallel to organic conditions. Aphasic symptoms have not previously been described in epilepsy, at least not to the knowledge of the reviewer. Certainly this symptom has never been carefully studied before in this disorder. MacCurdy has given some striking instances of aphasic symp-

toms in epilepsy. Cases are given showing the usual errors and difficulty in naming objects, in picking up objects, in using objects, and in other cases word amnesia and perseveration are illustrated. Some cases develop mutism because of this speech disorder. The question of aphasia is certainly noteworthy, and while it is shown to differ from the organic type in some respects, its similarity to the latter form is striking. MacCurdy's description of the terminal stages of epileptic deterioration is as follows: "The helpless dement, with roving eye, putting everything in his mouth, recognizing practically nothing in his environment, or making known his wants by inarticulate sounds, forces a comparison with the mental status of the first few months of extra-uterine life. There are other similarities not yet mentioned. The majority of such cases sleep in a fetal position; many of them walk on the balls of their feet, never touching their heels to the ground, like infants learning to walk"; MacCurdy points out that this identity is not complete in all respects.

How are we to understand this series of mental changes in epilepsy? MacCurdy believes that it is largely of psychogenic origin. The epileptic, because of his personality, is unable to adjust to life, and so deteriorates as a result. MacCurdy points out that the terminal deterioration seen in dementia præcox has more organic-like features than we have generally appreciated, and here the psychogenic origin is even more in evidence. In epilepsy, therefore, similar psychogenic factors may determine the course of the disease, although a severe grade of deterioration is reached. Cases are given to show that deterioration is greatly influenced by environment, and remarkable improvement has been observed in some cases under the influence of stimulating and encouraging surroundings. In the David Lewis Epileptic Colony in England, for example, the educative aims give excellent results; this indicates that deterioration can be controlled to a certain extent. Again, cases are observed to deteriorate when the patient loses hope of recovery. This view of the origin of epileptic deterioration may not be acceptable to all. In fact, MacCurdy does not state that the psychogenic origin is the sole one, and he suggests that a poorly endowed nervous system may form a basis for the condition; but in any case, it appears that psychogenic factors play an important part. The question of the influence of personality on the mental life and adaptation of the individual is a very interesting one, and this article suggests much for future study in this direction. Necessarily, all these features, as well as a number of others, dealing with the formal description of the mental states of epilepsy, cannot be brought out in this review.

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Abstracted by Dr. Lewis J. Pollock, Chicago, Ill.

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1. Shyness Toward Women as a Disease. WILHELM EBSTEIN.
2. Clinical and Anatomical Investigations of a Case of Isolated Loss of Pupillary Reflex to Light Without Syphilis in Severe Chronic Alcoholism. M. NONNE.
3. The Results of Salvarsan Treatment of Tabes. SILVIO CANESTRINI.
4. Tabes Dorsalis in Later Life, Upon the Basis of Hereditary Lues. R. v. HÖSSLIN.
 1. A report of a case in which timidity of women appeared in attacks. The last attack occurred at the age of sixty-three and had lasted for seven years.