PERISCOPE

INTRACRANIAL TUMOURS AMONG MENTAL HOSPITAL PATIENTS, WITH SPECIAL ATTENTION TO THE TUMOURS OF THE GLIOMA SERIES.

The incidence of brain tumours among mental patients is no greater than among patients in general hospitals, *i.e.* from 0.21 to 1.9 per cent. Of the 75 cases here examined 48 per cent. were gliomas and 30.6 per cent. meningiomas. There is no pure type of glioma in the literal sense; 66 per cent. of the gliomas belonged to the group of spongioblastoma multiforme. This is an extremely rapidly growing tumour, giving rise to acute mental symptoms. The average duration of life from the onset of symptoms was only 9.1 months. It presents great variability in its structure; 16 per cent. were astrocytomas. Here the average survival period was three and a half years. In 14 per cent. of the series it was found that a combined form of glioma, consisting of two fundamentally different types of growth in the same tumour, was present. The authors studied the entire tumour in every case in serial sections and think that if this were more widely done an even greater number of combined forms would be discovered. One tumour was presumably formed almost entirely by oligodendraglia. It is thus clear that brain tumour may be eliminated from an important place among the causative agents of mental disease.

LEO M. DAVIDOFF and A. FERRARO (*Amer. Journ. Psychiat.*, 1929, viii., 599-646, with 44 figs.).

CLINICAL PHENOMENA ASSOCIATED WITH DEPRESSIONS, ANXIETIES, AND OTHER AFFECTIVE OR MOOD DISORDERS.

This paper is based on observations from the Section of Neurology of the Mayo Clinic, Rochester, U.S.A. Normal health, joy, and happiness come from satisfying experiences with environment. Grief is associated with thwarting and unpleasant events. It is a prevalent idea that emotions result from some stimulus of external origin, and that catastrophe and misfortune are necessary to cause distress. But in some persons, sadness, anxiety, depression, elation, and feelings of extreme well-being seem to be of endogenous origin. Such a person, experiencing a distressing emotional state, and finding no external cause for it, commences to hunt for a diseased organ. An analysis of 112 cases is given here, with case histories of 20. Such cases present no difficulty

to the psychiatrist, who readily grasps the distress of the personality as a whole, but if some one unfamiliar with such states diagnoses a localised lesion in some organ, the attempt to relieve the patient by treating such, whether by operation or otherwise, will result in failure, and the final result of all therapeutic efforts directed towards such supposedly diseased organs, is to increase and intensify the distress of the personality as a whole, who will continue to struggle and seek for relief far and wide, in and out of the medical profession. Such distress varies greatly from one person to another and may be expressed in unusual and unexpected terms, due to the inherent tendencies and life experiences of the sufferer. It is most important to realise that insidious, chemical, and immunological changes may result from continuous anxiety and depression, and thus doubtless favour metabolic diseases as well as infectious invasions. It cannot be too widely recognised that the attempt to explain all the abnormal feelings and complaints of patients by organic lesions is futile, and that incalculable damage may be done by working along such lines. Thoughts and feelings are as much a product of a patient as the gastric secretions or the pulse-rate, and should be carefully studied in a properly detached manner. The average physician and surgeon entirely overlooks and fails to appreciate the real nature and significance of such states.

LLOYD H. ZIEGLER (*Amer. Journ. Psychiat.*, 1929, viii., 849-879).

NOTE ON THE PAIN SENSATIONS WHICH ACCOMPANY DEEP PUNCTURES.

The sensations experienced from arterial puncture have a definite character which distinguishes them from those produced by venepuncture and those commonly observed when a needle exerts any tension on the deep fascia.

When a needle reaches the wall of an *artery*, a dull aching sensation is felt which is much less acute than is a simple puncture of the dermis, but the pain is much less bearable. The pain is diffuse, often referred to some other position (usually distal) and the aching sensation is associated with uncontrollable reflex reactions, such as sudden sensation of warmth. The patient may break out into a sweat, may feel cold, faint, or lose consciousness, or experience nausea. There is a similarity to the sensations experienced from testicular injuries, though the actual pain is less intense. Sensations accompanying punctures of the brachial artery are less intense than those experienced when the radial artery is pierced. Puncture of the smaller vessels is accompanied by more severe sensations and symptoms than is puncture of the larger vessels.