

INFECTIOUS DISEASES IN GENERAL PARALYSIS.

Delmas, (Arch. Clin. de Bordeaux) from a study of the literature and his own experience is of the opinion that parietic dementia is not rarely caused by infectious diseases, although it is almost impossible to prove it. Indeed, the evidence adduced seems to us to be singularly insufficient. One of the cases is simply one of rather marked delirium and great prostration during puerperal infection, the patient being fully recovered at the end of four weeks. The author's conclusions follow.

It is generally admitted that general paralysis, in a great number of instances, is due to syphilis which acts by virtue of being an infectious disease and by means of its toxins.

Facts show that acute infectious disease may be quickly followed, in some cases, by typical dementia paralytica, and even more frequently by alienation (acute delirium, confusional insanity, pseudo-parietic dementia) which presents more or less completely the clinical and pathologico-anatomical characters of parietic dementia.

Infection, then, would seem to play an important rôle in the production of general paralysis of the insane and similar affections, and it is pertinent to inquire if general paralysis and psychopathies approximating it are not prominently diseases of infectious origin.

PATRICK (Chicago).

LONG DURATION OF GENERAL PARALYSIS.

M. Lapointe (La Medecine Moderne, Aug. 5th, 1896), at the French Congress of Alienists and Neurologists, reported briefly a case of general paralysis which gave rise to a long discussion and the report of several interesting cases. M. L. had observed a case of general paralysis of unusual duration in which the cardinal symptoms had gradually disappeared and been replaced by simple dementia. The autopsy verified the diagnosis after the disease had lasted fifteen years.

M. Vallon had seen similar cases verified by autopsies and considered that the maniacal form had frequent remissions but the dementia type had none. He found it had important prognostic sign when a general paralytic was losing flesh, and believed that this indicated a rapid course of the malady; on the other hand, if there was an increase in weight he thought it likely that the patient would live a long time.

Voison and Séglas had observed similar cases, lasting fifteen to twenty years, with marked symptoms during the whole of that time of general paralysis.

Doutrebente and Régis thought that the diagnosis in such cases was very likely to be confused with that of disseminated sclerosis, with cerebral syphilis or with chronic alcoholism.

MITCHELL.

GENERAL PARALYSIS OF THE INSANE AND ITS TREATMENT.

(Discussion before the British Medical Association. Brit. Med. Jour., Sept. 26th, 1896.)

Macleod said that in treatment seclusion was absolutely necessary and no sedative of any benefit. In the last stage all that was required was attention to the bladder and bowels and ordinary nursing.

Rayner thought over-feeding and narcotics were often very harmful.

Clouston said that in the early stage he was now in the habit in specially acute and risky cases of combining seclusion with sulphonal. He gave the sulphonal in from 30 to 40 grain doses, dissolved in hot milk, the method of administration which a German experimentalist had found entirely to prevent hematoporphyrinuria. After the first day the patient became sulphonal drunk. About the third day a condition little short of sulphonal coma was produced, and then he diminished the dose. After a week or ten days of this treatment the general paralytic passed quietly and without accident into the second

stage of the disease. He had tried this plan in several cases, and, looking to the incurability of general paralysis, he believed that it was one that they were justified on medical grounds in adopting in a certain number of carefully selected instances.

Mickle, in the early stage of excitement, relied principally on diet, purgation, baths, cold to the head and seclusion.

Turnbull said that for cases in the third stage he used a mattress in three sections, in the centre of which there was placed a small water cushion and a tube for training off the urine. Turning of the patient was thus rendered unnecessary. He had found that bed sores which would not heal when the patient was on an ordinary mattress often closed when an apparatus of this kind was resorted to.

Seymour Tuke had also noticed a change of type in general paralysis. Whether education had to be considered as a point in this change—and especially in the change of type of delusion—had to be further considered. Dr. Clouston's remarks on the sulphonal treatment were exceedingly interesting, but the cases would have to be carefully selected, to say the least.

Campbell Clark said that Dr. Clouston's plan of treating early cases was an attempt to push the patient through the first stage as quickly as possible, and he thought this involved a certain amount of risk. He was not sure that this treatment would always be so successful as Dr. Clouston had found it. It would be of great importance to be able to give a definite prognosis as to whether the disease was going to run a short or a long course. He had not been able to confirm Beavan Lewis' views on this subject especially with regard to the pupil symptoms to which he had attached so much importance in the matter of prognosis.

Yellowless expressed his distinct disapproval of Dr. Clouston's method of treating the first stage.

Dr. Clouston thought that he must have expressed his views as to the sulphonal treatment so as to be misunderstood. As a matter of fact he had only used it in that way in about three cases within the last five years. They were extremely bad cases.

Regarding the frequency of the disease, Drs. Clouston, McDowall and Turnbull believed it to be very decidedly on the increase. Regarding etiology, Dr. Clouston said that he did not believe in the syphilitic origin of the disease, though he admitted that there were facts which might point that way. Campbell Clark had concluded that only a very small proportion of the cases could be attributed to syphilis.

PATRICK (Chicago).

STUDY OF THE BLOOD IN GENERAL PARESIS. By Jos. A. Capp (Am. Journal of Medical Sciences, June, 1896).

One of the most notable and worthy studies of the year in the United States is the one above, notable because one of so few of like character; worthy because a result of painstaking labor in a line promising small practical immediate results. This work is really an outcome of the McLean Laboratory. It is systematic in that it begins with a review of all previous findings. These previous studies are not numerous, and were not made to be inclusive of all points. Notably among them, McPhail found hæmoglobin low and white corpuscles increased in the later stages of general paresis; Lewis found about the same; D'Abundo, that blood from a paralytic is more toxic than from a normal person. Other observers have reported on very few cases and with no specially novel findings.

The author details his method as showing the efforts to secure accuracy, and gives the accuracy of cells used (Ehrlich's). The time selected for the examination was from three to five P.M. and during digestional leucocytosis. Ten normal adults in health were first examined under similar conditions for control tests, these not showing any very marked increase as due to digestion.