PSYCHOSES DUE TO GASTRO-INTESTINAL AUTOINTOXICATION. Wiener klinische Wochenschrift, Nov. 10, 1896. By Prof. Wagner v. Jauregg.

The connection of infectious diseases with polyneuritis is very similar to that of infectious diseases with certain psychoses. It is very probable that polyneuritis may be due to autointoxication from gastrointestinal disturbance. It is not unlikely that those psychoses which resemble the febrile or post-febrile neuritis in their commencement and course are due to bacterial toxin. Psychoses which are similar clinically to these febrile and post-febrile psychoses may have a similar etiology.

Almost all the febrile and post-febrile psychoses belong to the group of acute mental disturbance called by Meynert amentia. Frequently patients with amentia have had gastrointestinal symptoms at the beginning of the mental trouble, and in some cases these have persisted during the psychosis. When recovery takes place these gastrointestinal disturbances disappear.

Acetone has some connection with derangement of the nervous system (eclampsia), but it is probable that acetone is only an indication of the formation of much more poisonous substances. Disturbance of digestion seems to be necessary for the formation of acetone and more poisonous toxins. Wagner believes a relation exists between a high degree of acetonuria and mental disease. In some of his cases, in addition to acetone and diacetic acid, the urine contained a considerable amount of indican. Usually albumin and albumose was found. The acetonuria was not due to fever or hunger in Wagner's patients, although under these conditions the acetonuria is probably of gastrointestinal origin.

Wagner states that the gastrointestinal symptoms should be treated in those psychoses which are due to autointoxication before the changes in the nervous system have become organic. Calomel has given him excellent results. He has also employed iodoform.

He reports a case of acute gastrointestinal disturbance and one of a chronic type with mental symptoms treated with calomel. The indican, acetone and diacetic acid disappeared from the urine, and the patient with the acute psychosis was able to leave the clinic after three days. Recovery in the chronic case was slower but also complete.

[Dercum in his "Address in Mental Disorders" (The Medical News, July, 1895), read before the Medical Society of the State of Pennsylvania, called attention to the various toxic insanities due to disordered visceral action, and recommended the employment of hydrotherapy, not only by means of baths and douches, but also by the injection of large quantities of diuretic waters.]

SPILLER.

THE TREATMENT OF TABES. By Professor Erb. Volkmann's Sammlung klinischer Vorträge, No. 150, 1896.

In treating tabes, the etiology must be duly considered, and syphilis in the first place. As contributing factors, catching cold, forced marches, physical efforts, excesses in "baccho et venere," smoking, mental exertions and emotions are enumerated. The fundamental rule of successful treatment is to subject the patient to a prolonged anti-syphilitic cure during the first stages, for, statistics prove that the chances of developing tabes is twenty times greater in those who have not undergone specific treatment. Warm and vapor baths should be avoided. Influenza seems also to predispose to the development of locomotor ataxia in syphilitic subjects. In the controversy as to whether patients, who give a history of previous syphilis, should be