

occurred. All of these patients had been members of strongly neuro-pathic families. They had passed quickly from a condition of mania to one of depression. A patient now under his care had regularly had periods of six months or more in which she had been in a condition of maniacal excitement, and had then very suddenly passed into an apparently normal condition, but really only a steppingstone to a period of excitement. It was questionable in his mind whether the class of cases spoken of in the paper represented a distinct entity in mental diseases. Such marked physical changes as described in the paper had not come under his observation.

Dr. Peterson expressed his belief that dysphrenia would be a convenient term for those cases that it would be difficult to describe under other names. The trouble was that these terms in psychopathy were usually founded upon clinical symptoms, with but little reference to the pathology, so that after a time the word came almost to include all insanity. Last summer, at Heidelberg, he had found about four varieties of insanity recognized, viz.: paresis, senile dementia, catatonia and dementia precox. About fifty per cent. of the cases in Germany at the present time were called catatonia, and the balance were included under the term dementia precox.

Dr. Hirsch closed the discussion. He said that it was certainly remarkable how many insane patients would pass through a disease like typhoid fever without developing any mental symptoms—indeed the patient whose history had been given had just passed through a typhoid fever in this way. He too recognized the great evil that had resulted from introducing names into psychiatry, but dysphrenia was not a new name, and certainly was useful in connection with a case like the one reported, which could not be well placed in any other classification. Dr. Sachs had referred particularly to circular insanity—to cases essentially chronic in their nature—but he had been discussing cases that were really acute. The mental disease consisted of a series of psychopathic conditions. The diagnosis of dysphrenia could only be made from a detailed history and long study. By a primary psychosis he meant a mental disease originating in the parenchyma of the organ; by a secondary psychosis one originating in the interstitial tissue; hence general paresis would be a secondary psychosis.

13. PARALYSE UND TABES BEI EHELEUTEN (General Paralysis and Tabes in Husband and Wife). Raecke (Monatsschrift für Psychiatrie und Neurologie, 6, 1899, p. 266).

Raecke has observed seven cases of paretic dementia in husband and wife, and in two of these syphilis positively occurred. There seem to be only 69 cases in the literature, omitting those of Crété and of Gottschalk recently published, and including Raecke's, of tabes or general paralysis in married couples, but probably the small number is due to imperfect observation. Syphilis was present 38 times in these 69 cases, and a history of probable infection was obtained in ten other cases. It was positively denied in two cases. General paralysis occurred in both husband and wife 27 times, general paralysis occurred in the man and tabes in the woman 14 times, tabes occurred in both 22 times, general paralysis in the woman and tabes in the man 6 times. It appears from these cases that the man is more liable to general paralysis than the woman, and that he shows the affection first, as demonstrated by 24 cases in which the husband first manifested disease and 9 cases in which the wife was first affected.

SPILLER.