

pronounced relaxation. Only at the moment of interrupting the current was there a contraction and a slight exaggeration of the contracture.

But, the cessation of the ascending current having taken place, there is as we have long since tried to show, a descending current of polarization; it is always by this descending current that the exaggeration of the excitability occurs. In this case this influence of the descending current was more evident and more easy to produce, than in any physiological experiment we have ever observed.

The results thus obtained with constant currents, permit us to affirm that in the essential contractures of the extremities, it is not the muscles that are primarily affected, nor even the nervous system in general, but that the pathological change is in the motor nerves, for it is on these nerves that the descending current acts.

The contractures in this affection do not appear to us to be due to a reflex action, since the excitability is even diminished for the sensory nerves; they are caused only by an abnormal excitability of the motor nerves.

These observations in this case of tetany coincide in great measure with those made by M. Erb, who has also seen the attack of tetany cease under the influence of the ascending current.

Electricity, may, therefore, not only aid us in the diagnosis, but, as we see by these examples, it can even show us the nature of certain obscure disorders.

**GENERAL PROGRESSIVE PARALYSIS IN ITS RELATION TO SYPHILIS.**—A posthumous paper on this subject, by Dr. Jespersen has recently been published, and embodies some very interesting statistics.

The author refers briefly to the impressions prevailing among investigators concerning the syphilitic origin of paresis. Before 1837, when Esmarch and Jessen brought forward their well-known hypothesis, no one had definitely affirmed that syphilis was the cause. Several recent authors have published histories of a few cases where syphilis had been present, but, in reality, Steenberg, Kjellberg, and Sandberg are the first who investigated the question with thoroughness. The author had the opportunity of examining all that could be ascertained with regard to a syphilitic history in 123 paralytic patients treated at the St. Han's Hospital between January, 1863 and May, 1872. Among them, constitutional syphilis was found to be present in 83; chronic in 6; "syphilis in the highest degree probable" in 6; in 13 had been "a genital affection, gonorrhœa, or the like, which might possibly indicate syphilis;" and in 15 there was nothing indicative of syphilis.

Of 59 the author could state pretty accurately how long after the acquisition of syphilis the paresis commenced; 5 to 9 years in 34; 10 to 14 in 15; 15 to 19 in 13; 20 to 28 years in 7. In a considerable number of cases he ascertained what form of syphilis had preceded the paresis. Generally they had been mild cases, and not the rarer destructive forms

The paresis usually did not become developed until after several years (at least four years) after the last symptoms of syphilis. Only in a single case did he find characteristic symptoms of syphilis occurring during the course of paralysis; doubtful eruptions (unclean ulcers) occasionally presented themselves, however toward the close of the patient's life. Of the whole number there were only 10 females, the remaining 113 were males, generally at the most vigorous period of life. The author finds that the prognosis is far more unfavorable in the form of paralysis than in syphilitic brain diseases. The treatment involves the use of anti-syphilitic remedies at the earliest possible period. (*Hospitals Tidende* No. 34) *N. Y. Med. Record*.

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**SYPHILITIC EPILEPSY.** Dr. Alfred Fournier published in *L'Union Médicale* during the past year an interesting series of lectures on tertiary syphilitic epilepsy, which contain pretty nearly a complete summary of all that is at present known in regard to the subject. We only extract the final practical conclusions in reference to the diagnosis and treatment of doubtful cases of epilepsy. M. Fournier says:

1. Every case of epilepsy appearing for the first time in an adult subject of known syphilitic antecedents, should be attacked with specific treatment.

2. Every case of epilepsy, happening under the same conditions in a person of uncertain or denied syphilitic antecedents, should still, at least if not plainly explicable by some other cause, be submitted empirically to the specific treatment. In obeying these two precepts, marvellous successes may be sometimes obtained.

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**INSANITY IN FRANCE.** The following curious statistics are taken from the *Journal des Débats* by the *Revue Scientifique*, from which latter journal we transfer them to our pages:

Since the beginning of the century the public service of the insane of the Department of the Seine has had the care of about 100,000 individuals. The number of admissions, in fact, from the first of January, 1801, to the thirty-first of December, 1874, was 93,766.

There were only 946 insane in the asylums in 1801; there are now 7,072, their population has therefore sextupled.

In the ten first years the annual increase of admissions over deaths and departures was only 63; since 1870 it is 157.

Of the 93,766 insane treated in these seventy-four years, 44,640 were males and 49,126 females.

Up to 1860 more females were admitted than males, since then the reverse has been the case.

The insane population has increased one-fifth for all France since 1850; for Paris alone the increase has been two-fifths.