

American Psychiatry.

UNDER THE DIRECTION OF

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ABSTRACTS.

On the Clinical and Pathological Relation of General Paralysis of the Insane.

By Reginald Farrar (*Journal of Mental Science*, July, 1895). The author in this essay attempts to maintain "that the term General Paralysis cannot reasonably be held to imply more than a congeries of symptoms, due to diffuse interstitial cortical encephalitis, from whatever cause arising, and upheld its essential identity with

certain varieties of insanity hitherto regarded as distinct from it."

The author holds that chronic cortical encephalitis is the only constant determining character of general paralysis and that the other so called typical symptoms have been given undue importance. Assuming the above as the true brain change, he thinks that the descriptive characterization furnishes the correct name, and one that avoids the selection of different definitions by different authors. He sets aside the opinions of Simon and Baillarger, that organic change does not necessarily exist. He also shows the disproof of the theory that the cause is found in the ganglion cells of the sympathetic. Also claims that it is not in the spinal cord, except separately or conjointly, and gives the reasons therefor. Of the occasional cases of "general paralysis without insanity," so-called, he considers the evidences that the symptoms are still of cortical origin as predominating strength.

He deprecates the effort to differentiate *tabes* and general paralysis, quoting Bevan Lewis that 15.9% of general paralytics show *tabes*, the two having close alliance if not identity. He holds the two to combine and overlap as to the lesions and that the names should follow.

Disseminated Sclerosis is yet more intimately connected, but it is very rare, many of the cases reported being either really general paralysis or need co-existent cortical encephalitis to explain the symptoms, also that patches of sclerosis are found in general paralysis.

The poisons of lead, gout, syphilis and alcohol produce organic cerebral diseases of close alliance. Cases of general paralysis from lead poisoning are few and not very well established, and of cases from gout "little evidence is forthcoming." Syphilis, however, is a common cause, and he adopts the dictum of Savage, that "there is no possible line to be drawn between some cases of nervous syphilitic degeneration and general paralysis of the insane, and that true general paralysis may be caused by syphilis alone, or combined with other causes."

"Alcoholic insanity frequently merges into general paralysis" by forming, he maintains, a progressive cortical encephalitis. Senile dementia is a similar decline, its form determined by the senile elements. Also that apoplexies can be the beginnings of a general cortical trouble, similar in form.

The author quotes from the several best authorities both opinions and arguments to enforce his conclusion that general paralysis is not a specific disease; that the name may conveniently be kept as indicating a sufficiently well-marked clinical type, having transitional stages toward other clinical types.