British Journal of Psychiatry (1996), **168,** 792

CORRIGENDUM

O'BRIEN, J., DESMOND, P., AMES, D., *et al* (1996) A magnetic resonance imaging study of white matter lesions in depression and Alzheimer's disease. *BJP*, **168,** 477–485.

On page 481, the figure legend for Fig. 1 should refer to Fig. 2, and vice-versa.

A HUNDRED YEARS AGO

An Epitome of Current Medical Literature

MEDICINE. (135) Etiology of General Paralysis. HIRSCHL (*Wien. klin. Rundschau*, November 10th, 1895) analyses 200 cases of general paralysis occurring during ten months in Krafft-Ebing's clinic. Only men are treated of, as a syphilitic history is difficult to obtain in women. Hereditary influences were traceable in only 11 per cent. The majority of the patients were in the lower walks of life, and in no instance was the disease definitely attributable to psychical causes. Physical fatigue and insolation were not regarded as causal antecedents, but Hirschl admits the possibility of trauma as an exciting cause in patients already infected with syphilis, and states that this may occur in about 1 per cent of cases. He denies any connection between saturnine encephalopathy and general paralysis. He maintains that by far the most important etiological factor in the latter disease is syphilis. The pre-existence of this he considers proved in 56 per cent and probably in 25 per cent of the 175 cases in which a history was obtainable; the incubation period varied from two to twenty-nine years. He holds that general paralysis is due to syphilis and syphilis alone, and that the 19 per cent of cases in which there was no indication of this disease in the history had probably suffered from it unknowingly. He supports Obersteiner's view of the analogy of general paralysis with syphilitic perihepatitis; both begin as inflammatory changes followed successively by disappearance of the parenchyma, interstitial changes, and eventually atrophy of the cortex or liver respectively. Hirschl thinks that general paralysis is really a late form of syphilis, beginning as syphilitic encephalitis, and going on to syphilitic cerebral atrophy. He maintains that this theory explains all the symptoms, is unaffected by the resistance of the disease to anti-syphilitic remedies, and is supported by the fact that general paralysis and syphilis spread *pari passu*. His view as to the pathology of the cerebral process is based on Lang's dictum that any organ in which a gumma develops must have suffered from irritation in the early stage of syphilis. The contagion residuum in the brain of general paralytics is propagated with renewed vigour, owing to the natural hyperaemia of the organ during functional activity, to functional hyperaemia from various psychical and mental causes, or to the occurrence of apparently slight traumatic influences.

Reference

British Medical Journal, February 1896, 29.

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