that there was a concentric narrowing of both visual areas for green, although in the former perimetric measurements no such peculiarity was noticed. WILLIAM W. IRELAND.

The Circulatory Apparatus in General Paralysis of the Insane (*Caledonian Med. Journ., April*, 1904). *Greenless, T. D.*

Dr. Greenless found cardiac disease to exist in 15 *per cent.* and functional cardiac derangement short of organic disease in 43·5 *per cent.* of all his cases of general paralysis of the insane. The number of cases examined is not stated.

Aortic valvular disease was the most common organic lesion. In 54 autopsies the aortic valves were found to be shrivelled and incompetent in 11 cases, and in only 1 was the mitral valve likewise diseased. It is not mentioned in how many of these cases of aortic disease a history of syphilis was obtained.

The average weights of the hearts examined were below normal, although hypertrophy of the walls of the left ventricle was a common condition. He frequently found the basilar arteries diseased, their walls thickened, the vessels feeling tense and "gritty" under the finger. They were often irregular in contour, and presented occasional localised dilatations just short of aneurysms. The chief pathological interest in this disease is, however, he believes, centred in the cerebral arteries and arterioles, and he quotes from a paper written by himself nineteen years ago describing the changes he found in these vessels. He then discusses the various theories which have been advanced as to the etiology and pathology of this disease.

A study of the clinical symptoms of general paralysis in its earliest stages, with its delicate mental and motor manifestations, would seem to indicate, he thinks, an early impairment in the functions of the cerebral cells, and such change is evidently of an irritative character; it is reasonable to infer that this cellular irritation is caused by a foreign body—shall we call it a bacillus?—floating in the pericellular channels, and exercising a direct intoxicating or poisoning effect upon the cell itself. As this poisoning is a continuous process, and as it is evident that the poison is an accumulative one, the cell ultimately dies, and terminal dementia as regards the mind and general paralysis as regards the body result, being the manifestations of the death of the cerebral neural elements.

The author next treats of the pulse in general paralysis of the insane, giving examples of pulse tracings taken from seventy-nine patients, in all stages of the disease, and in conclusion observes that it may be safely said that a consideration of the heart, blood-vessels, and the pulse in this disease indicates the direction in which any investigation having for its object the elucidation of its etiology and pathology should take.

A. W. WILCOX

Problems in Psychology. (*The British Medico-Chirurgical Journal, Dec.*, 1904.) *Eager, R.*

Dr. Eager, in his presidential address to the members of the British Medico-Chirurgical Society, speaks of the reluctance of the patient's friends, and even of his medical adviser, to admit that he is insane. In

https://doi.org/10.1192/bjp.51.214.616-a Published online by Cambridge University Press

the case of the former, this is often due to ignorance, or to a wish to avoid the stigma which is supposed to attach to a family a member of which has been certified to be insane; in the latter, it may be due to a wish to avoid the responsibility of signing a certificate. He points out that medical men forget that they are protected by the Consolidated Lunacy Act of 1890. He fears that many apparently are unacquainted with this Act, and do not even read the printed advice and regulations attached to the present form of certificate before signing it. He strongly disapproves of the term "borderland" insanity. Apparently he regards all such cases as incipient insanity, and is of opinion that they would be best treated in an asylum.

He suggests that there should be an institution with extensive and well laid out grounds in every town of fair size, with villas, cottages, and dwelling-places which would admit of a strict classification of patients. Each patient, on arrival, would be seen at once by the physicians attached, and sent to that part for which his case was deemed suitable. Suicidal and homicidal patients, and those whose treatment would necessitate force and interference with their personal wishes would be detained until seen by a magistrate, who would sign an order for them to be sent to a central hospital built and adapted especially for such cases. Similar action would be taken in the case of patients already in other parts of the institution when it became necessary. In this way he believes that the necessity for certificates and all the vexing and trying methods now in use would cease, and that it would make prompt treatment as easy for insanity as for any other disease.

A. W. WILCOX.

A Case of General Paralysis after Typhoid Fever with Complete Recovery [*Ein Fall von Dementia Paralytica nach Typhus Abdominalis mit Ausgang in vollkimmener Heilung*]. (*Monats. f. Psychiat. u. Neurol., December*, 1904.) *Von Foerster, Otfrid.*

Dr. Foerster observes that the symptoms of general paralysis vary with the portions of the nervous system first attacked. The disease is the result of a specific poisoning which attacks the fibres and cells of the brain and spinal cord, sometimes more severely in one region than in another. Wernicke has shown that after long-continued excesses in alcohol the same parts may be affected so as to produce similar symptoms, to which he has given the name of alcoholic pseudo-paralysis. In this form there is often great improvement or complete recovery.

The case which he describes was a man, æt. 42, always healthy, without a syphilitic or alcoholic history. For thirteen years he had discharged the duties of the city fireman; he had been married for ten years and had five healthy children. He was taken ill in September, 1890, of enteric fever and remained in a very weak state till the beginning of January, 1901. His wife now noticed a change in his whole condition; he would sit for hours brooding, scarcely speaking, and was indifferent to his family and inattentive to his dress. In the beginning of March he was admitted to the Poliklinik of the University of Breslau, under Professor Wernicke, when he presented the usual symptoms of general paralysis. There were disordered movements of the muscles

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