quently complained during life of pain in the same region. There was, however, no evidence of injury in the shape of bruising of the abdomen, and post-mortem nothing could be detected to account for the hæmorrhage. We have only met with one other case in which a patient, soon after admission, passed pure blood, and in that case a rent was found in the bladder. In cases of purpura death sometimes occurs from cerebral hæmorrhage, and it would be interesting to know whether hæmorrhagic pachymeningitis may occur under the same conditions.

It is interesting to note that the patient had been a great sufferer from hay-asthma, and this year had been worse than ever before. From the onset of the attack of insanity all the signs of hay-asthma, however, disappeared.

Clinical Notes on Hæmorrhages in General Paralysis. By Geo. H. Savage, F.R.C.P.

In so-called nervous disorders it is common to find changes occur in other of the bodily systems than the nervous. The pathology of nervous disease should be looked upon as a general pathology, and it is certain that we cannot look to the one system alone for causes of all the nervous disorders without greatly misunderstanding the whole subject. The more exact we become in limiting the causes, the more liable are we to error. We are all prepared to consider general paralysis of the insane as essentially a disease of the nervous system, a disease in which nearly every part of the nervous system may suffer sooner or later. But beside the essentially nervous symptoms which occur in the disease, we are constantly struck by the regular series of nutritional changes which occur in general paralysis, and this is so much the case that we are quite prepared to recognise as general paralysis a disorder in which any mental symptoms have been present, but have after a brief period of acuteness been followed by a state of fatness and weak-mindedness which again has been followed by a period of wasting and further mental weakness. We have here nervous symptoms related very directly with nutritional changes.

Besides the changes which are found after death in the bodies of general paralytics, in the brain and cord, none are more common than those seen in the vascular system.

https://doi.org/10.1192/bjp.31.136.504 Published online by Cambridge University Press

Thickening of the aorta and other vessels is common, and in life we see many cases with a tendency to capillary congestion and stasis, so that the patients have the aspect of persons suffering from cirrhosis of the liver. There is also commonly seen a greasiness of the skin as well as special pallor or anæmia.

Notwithstanding these changes, which are easily recognised, it has been found impossible to identify any peculiar condition of the blood itself in these cases. The sympathetic nervous system has hitherto fallen in for the chief blame for these nutritional changes, and some authors are inclined to credit this system with the chief part in the causation of general paralysis of the insane; but I think this is certainly not proved as yet, and the poor sympathetic has at present more than its share to bear, as every unknown pathological trouble is placed on the sympathetic, as it has, or is supposed to have, such influence in producing or preventing function that it is hard to say what it may not do or undo. My own experience leads me to say that I have not found anything on which I could lay my hands, either in the blood itself or in the sympathetic system in general paralysis. But now more in detail to my facts.

We all recognise as common, though not special to general paralysis, hæmatoma auris, and this is certainly due not alone to blows, but to slight injuries in a predisposed person, the fault being sometimes with the vessels, but perhaps sometimes with the blood. Besides these blood swellings we have also very large collections of blood which may form in general paralytics as a result of but slight injuries. These may occur on the head or extremities. Thus a patient may slip as he gets into or out of bed, and by the pressure of his own weight may produce an enormous swelling which in the course of a few days will be tense, and very much discoloured; such a swelling may also arise from a slight accidental blow on the face, and may produce black eyes of the worst appearance, at which both the friends and even juries may look with doubt as to the kindliness of the treatment.

Such swellings may not only give rise to troublesome bruises, but as a secondary result blood-poisoning may occur. The chief characteristics of these blood-swellings is that a slight cause produces them, the swelling is rapid, and with little or no pain; there is little inflammation, but there may result one or more abscesses, containing either

https://doi.org/10.1192/bjp.31.136.504 Published online by Cambridge University Press

pus or broken-down blood, and these abscesses heal rapidly and do not refill.

I have not been able to say whether blood or vessels were most to blame in these cases, but there is no doubt about the fluidity or diffusibility of the blood pigment as seen by the very extensive and rapid discolorisation following shortly on the formation of the swelling.

The next form of hæmorrhage I have to speak of is one which till recently was unknown to me, but I have now seen two or three well-marked cases in which blood has appeared in the urine without any traumatic cause.

In the two most marked cases the patients passed through the ordinary stages of general paralysis, and were in the third and last stage, being paralysed, wet and dirty. Some swelling of the prepuce occurred, and this was soon followed by a flow of bright arterial blood, which in the second case was found to be associated with crystals of triple phosphates. The blood passed was about three ounces at first, and later a constant oozing took place. There was no stricture, nor was there any sign of other renal or vesical trouble.

The hæmorrhage was just enough in both cases to turn the scale, so that patients who for months had held their ground and did not show any sign of sudden collapse, after the bleeding rapidly sank and died.

In the second case the bladder, the ureters, and kidneys were taken, and were handed over to Mr. Fenwick, of the London Hospital, who has prepared a full report of their condition, which will appear in the Transactions of the Pathological Society for 1886. The chief points of interest were that the bladder was found to be immensely thickened, the mucous membrane was traversed at pretty regular intervals by long vascular fringes, and the blood seemed to have come from one or more of these having given way, and was not due to any hæmorrhagic cystitis, such as was suggested as a cause by several surgeons who were consulted as to the probable cause.

On dissection Mr. Fenwick found that the entire vesico-prostate venous plexus was filled with a clot, non-adherent, but colourless, and, according to his opinion, this caused the fulness of the mucous fringes, and also the preputial swelling.

The thickening of the bladder walls, without any stricture, suggests a compensating hypertrophy, due to the bladder having to act under disadvantages, while the patient was

https://doi.org/10.1192/bjp.31.136.504 Published online by Cambridge University Press

bedridden, and while the abdominal muscles were weakened; but this is only a suggestion of my own.

The last form of hæmorrhage has a double interest in being a skin affection, as well as evidence of a general state. A male patient, suffering from very acute general paralysis of the insane, managed to fall and bruise his left arm, and as a result a large blood-swelling followed, and this went on in the usual way for some days, when it was noticed that there was a purpuric rash on the inner side of both thighs, and also along the outer side of both thighs. The rash consisted of many hundreds of purpuric spots running in a narrow band along the thighs on the outer surface, from the ilium to the knees, and on the inner sides of the thighs from the fold of the groin, almost to the ankle.

This rash varied from day to day for nearly a week, then disappeared altogether. This is interesting from its relation to the other hæmorrhages in general paralysis of the insane.

Several cases of pigmentary stainings have appeared in Bethlem during the past year, and one reported in this number of the Journal by Dr. Percy Smith and myself, exhibited bruise-like markings all over the body in the course of a very acute nervous disease which ended fatally, and in this case also there was a tendency to hæmorrhage from the bladder.

I do not for a moment suppose these observations are unique, but I think they may be found worthy of consideration in relation to the larger pathology of nervous disorders, and so I publish them.

Counter Irritation in General Paralysis. By Dr. Pritchard Davies, County Asylum, Barming Heath, Kent.

On the 11th April, 1877, F. J. B. was admitted a patient into this asylum. The medical certificate which accompanied the order for his reception was as follows:—"Very excited when addressed. Has delusions on every point. Says that —— has tried to murder him and seduce his wife. Complains that the two attendants have tried to murder and rob him. Imagines that he is to receive £50,000 per month salary as traveller. Thinks he is in treaty to purchase all the public-houses in England. His brother —— informs me that he has threatened to murder his wife with a revolver—

https://doi.org/10.1192/bjp.31.136.504 Published online by Cambridge University Press