prove is that the interior language is the principal source of a considerable number, if not of most, psycho-motor hallucinations. They urge the importance of a careful study of the mental life of patients, and the fallacy of restricting observations to somatic examination alone.

H. J. MACEVOY.

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3. Ætiology of Insanity.

Five Observations of Conjugal General Paralysis [*Cinq observations de paralysie générale conjugale*]. (*Arch. de Neur., No.* 78, *June*, 1902.) *Kéraval and Raviart.*

These five cases are interesting on account of the important question of the ætiology of general paralysis.

(1) Male, æt. 40, with good family history, contracted syphilis while in the army. Married in 1881; no children. He was a good worker up to 1893, when he had dyspeptic troubles which caused him to lose his work and run through his savings. This caused depression. Admitted to Armentières Asylum, September, 1896, with physical and mental symptoms of general paralysis; the disease rapidly proved fatal.

His wife, æt. 40, of good family history, presented signs of tabes and depression. After the death of her husband her melancholia became aggravated, and she was admitted to the asylum with ideas of grandeur and lightning pains. She became demented, developed tremors, etc., and died in December, 1899, of paralytic cachexia.

(2) Male, æt. 50, with a good family history. No alcoholism nor syphilis. Married in 1878; he had two healthy children. Nineteen months before the present illness suffered from gastric symptoms; giddiness. Now exhibits typical signs of general paralysis, attributed to worry through his wife leaving him in 1886 to lead a life of debauch.

Wife, æt. 40, returned in ill-health to her husband a few months ago after fifteen years' absence spent in debauch and prostitution. Now suffering from advanced general paralysis. No clear history obtained of syphilis. Alcoholic and venereal excess for fifteen years.

(3) Male, æt. 48, employed in a brewery. Had one uncle a general paralytic. Married and had four healthy children. Drank to excess at times. On admission in August, 1895, was suffering from melancholia, delusion of persecution. In January, 1896, mental confusion, weak-minded, physical signs of general paralysis. Died in March, 1897. His wife, æt. 49 years (good family history, a drinker), a year after the admission of her husband develops progressive mental weakness. In December, 1896, she develops physical signs of general paralysis, and dies in May, 1897.

(4) Male, æt. 38 years, blacksmith. No syphilis, no alcoholism. Family history good. Married in 1877; one daughter. In March, 1889, was wounded in the head while at his work, and shortly after developed hallucinations of vision. Later he developed typical general paralysis (loss of memory, affection of speech, epileptiform attacks, etc.). He died in March, 1897.

His wife, æt. 33 years (good family history, no alcoholism), after her

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husband's illness was left poor. In 1894, without any other reason apparently than grief and poverty, developed mental symptoms—ideas of grandeur, incoherence, etc. She became more and more demented, showed physical signs of general paralysis, and died of the usual marasmus in November, 1898.

(5) Male, æt. 45 years. One twin brother died of general paralysis at the age of thirty-nine. Married twenty years, has had five children. No history of alcoholism or syphilis. Five months before admission developed "cerebral congestion;" then became melancholic, with delusions of negation. Physical signs of general paralysis appeared later; he became demented, and died two and a half years after admission into the asylum.

His wife, æt. 40 years, without any apparent cause but grief, became demented two years after her husband's illness. She presented the mental and physical signs of general paralysis, and died of marasmus six months later.

In spite of the difficulty of obtaining full data in the history of such patients, the observation of these cases does not favour the view that syphilis is the one constant factor in the ætiology of general paralysis, or that there is any one constant factor. In the first case, syphilis was almost undoubtedly the cause, in the second, probably; but in the third, the only factor seems to have been alcoholism. In the fourth, traumatism in the husband and grief in the wife; and in the fifth heredity in the husband and grief in the wife are the only apparent causes. In none of these observations does the occurrence of general paralysis in a married couple appear to have been a mere coincidence.

H. J. Macevoy.

On the Investigation of Heredity and the Degeneration of the Spanish Hapsburgs [*Ueber die Untersuchung von Vererbungsfragen und die Degeneration der spanischen Habsburger*]. (*Arch. f. Psychiat., Band xxxv, Heft* 3.) *Von Stradonitz.*

Dr. Stradonitz, in a long paper, recommends historical research in connection with hereditary disease, and prescribes some methods of inquiry which are sufficiently obvious. Every one has two parents and four grandparents, and in this ratio his ancestors might go on doubling at each generation, till three hundred years back the ascendant roll might have 1024 persons. Actually this never takes place through the marriage of cousins in the first, second, and farther degrees.

The author is a doctor of law and philosophy, not of medicine, which may explain some of his oversights. Dr. Stradonitz passes over the fact that the first application of history to illustrate the laws of hereditary insanity was made by me twenty-two years ago in the paper "On the Hereditary Neuroses of the Royal Family of Spain," published in the *Journal of Mental Science*, and reprinted in "The Blot upon the Brain." He cites the genealogical table of the Spanish royal family framed by Déjérine in his "L'hérédité dans les maladies du système nerveux" (Paris, 1886), which was compiled from my paper, as the French professor, of course, acknowledged. Dr. Stradonitz makes no reference to historians using the English language like Robertson,

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