FRANCE.

By René Semelaigne.

Diagnosis of General Paralysis.—At the Congress of French alienists held in Toulouse last August, Arnaud of Vanves presented an interesting report on the diagnosis of general paralysis. According to him there is no pathognomonic sign of this disease; the diagnosis must be grounded on an union of physical and psychical symptoms, *i.e.* on the one side generalised and progressive dementia, on another disorders of speech, oculo-motor symptoms, psycho-motor ataxy, and cerebral disorders. General paralysis is most uncommon after fifty-five. Arterio-sclerosis might assume the clinical aspect of this disease, or be associated with and modify its features. If one finds a genuine hemiplegia, the diagnosis of general paralysis is doubtful; or if the patient is an habitual drunkard, if the disease is consecutive on an infection or intoxication, and above all if the evolution has been rapid, it is necessary to wait, and to study the progress of the disorder before asserting a final diagnosis.

Ætiology of General Paralysis.—According to Christian of Charenton there is no proof that the origin of general paralysis is syphilitic. In some countries where syphilis is very common, as among the Arabs of Algeria, general paralysis is almost unknown. Even if a general paralytic is syphilitic, it is not thereby certain that syphilis is the cause. Besides, specific treatment is of no value.

Carrier and Carle of Lyons report two cases of general paralysis in females. The first patient, affected by hereditary syphilis, presented the symptoms of general paralysis at the age of eighteen, and the disease rapidly progressed. The second showed, during the evolution of an evident cerebral syphilis (pronounced cephalalgia, spasmodic hemiplegia, and dissociated paralysis of the ocular muscles), the genuine symptoms of general paralysis at the age of forty-two.

Régis of Bordeaux considers general paralysis as a post-infectious disease, generally following syphilis, and sometimes but not so often acute illness. Besides the general paralysis, he admits that the alterations of cerebral syphilis could produce symptoms nearly the same; it is a syphilitica pseudo-paralysis.

According to Paul Garnier of Paris, syphilis only prepares a favourable soil for general paralysis; alcoholism does the same. To produce the genuine disease, some other cause must intervene, such as surmerage, venereal excesses, &c.

Petrucci of Angers thinks that we must interrogate pathological anatomy to interpret clinical facts. He recognises (1) a poisonous origin, such as alcoholism, syphilis, saturnism, infectious states; (2) disorders of the white substance or of the nervous filaments,

https://doi.org/10.1192/bjp.44.185.410 Published online by Cambridge University Press

with primitive and predominant phenomena of ophthalmoplegia; (3) primary disorders of the grey substance, the patient presenting a peculiar aspect of dementia, but without delirious concepts; (4) commencing in pathological alterations of membranes of the brain, such as thickening, blood-coloured or lactescent suffusions, neo-membranes, &c.

Mariet and Vires of Montpellier noted in 174 cases of general paralysis that the causes capable of being quoted separate into two groups. First group: tuberculous heredity, mental and nervous heredity, acute infections, excesses of every kind, traumatism, moral causes. Second group: cerebral heredity, arthritic heredity, alcoholic heredity, personal alcoholism. The causes of the first group, even when associated together, exceptionally tend to general paralysis, and they must be associated with some of the causes of the second group, which are the special and genuine causes of general paralysis. According to Mariet and Vires, syphilis does not determine true general paralysis. The true causes act either by creating the disease or by preparing a favourable soil for the growth of the causes of the first group, which in another case become predominant. Accordingly general paralysis is not the result of one, but of multiple causes. Arthritic heredity acts by determining an anticipated senility, *i. e.* degeneration and inflammation of the tissues. Cerebral heredity determines on one part a tendency to diffuse inflammation of the vascular system of nervous centres, or on the other part a less organic resistance of the nervous cells. Alcoholic heredity and personal alcoholism act either as arthritic heredity or as cerebral heredity. So the excesses of every kind—the overstrain of the brain, the infections, &c.—consume the cells and congest the nervous system. Accordingly one finds degeneration everywhere.

Obsession and Imperative Ideas.—According to Pitres and Régis of Bordeaux, emotion is the fundamental element of the states of obsession.

Vallon of Villejuif, and Marie of Dun-sur-Auron, think the obsessions are excitations not reaching the totality of the nervous centres, but partially irradiating to a limited place. The secondary disorders so provoked are more or less intense as irradiation is limited to such or such determined place. Intensity and limitation of disorders produce an automatism more or less imperious and anxious. The authors divide obsessions into emotional, hallucinatory, impulsive, intellectual, with possibility of various combinations.

Self-accusing Persecution.—Vallon reports the case of a girl of twenty-one who confessed to having been guilty of concealment of pregnancy and murder. She furnished exact particulars of hiding the infant's body in the ground, &c. On the legal investigation no dead body could be discovered. Doubts arose, and inquiry proved that the letter of confession had been written by the alleged

https://doi.org/10.1192/bjp.44.185.410 Published online by Cambridge University Press

criminal who, during a period of eight years, had been prosecuted and sentenced some ten times for robbery, injuries to policemen, begging, &c. Medical examination showed that the woman was nearly imbecile, and very dangerous. She was sent to an asylum.

On the Use of Serum in Nervous and Mental Diseases.—Mariet and Vires have used either the serum of an insane person on the point of recovery, with which they inject a patient affected with the same variety of mental disorder; or artificial serum, which they inject pure or mixed with a medical substance; or pure serum taken from rabbit's or dog's blood. Serum of human blood seems to have produced a slight and short acalmy. Injections of artificial serum were of no appreciable value. The pure animal serums seem more useful for the depressed forms of mental disease. The use of these was followed by a notable physical improvement.

BELGIUM.

By Dr. Jules Morel.

Psychological Methods for the Examination of the Insane.—Dr. Sommer, Professor of Psychiatry in Giessen, desires the adoption of rational methods for the examination of the insane, and in order to obtain these results he tries to determine the knowledge of the patient by means that allow of the measurement and analysis of some of the phenomena. For instance, perception of sight is reproduced and analysed by optical, photographic, stereoscopic, and cinematographic processes. The motor senses, *e. g.* the reflexes, may be fixed and measured by appropriate apparatus, and the same may be done for voice production by means of the phonograph. Next to these elementary, motor, and vocal acts, it is also very important to take notice of and fix in a durable manner the nature of the psychical processes of the patient, for the sake of diagnosis and prognosis. The usual subjective method is replaced by a more exact one, in order to determine the exact measurement of certain phenomena of mental diseases, and to explore the reactions of a patient always subjected to the same stimulus—in other words, psycho-physical reaction. The old descriptions of these diseases are subject to so many variations that they need to be scientifically developed by physiological factors, *e. g.*—

1. The competency of the patient to solve the four elementary rules of arithmetic.
2. His competency to solve various problems.
3. The time taken for their solution, *i. e.* the duration of the psycho-physical reaction.
4. By noting down the concomitant phenomena which allow us to draw conclusions as to the mode of the psychical process.

https://doi.org/10.1192/bjp.44.185.410 Published online by Cambridge University Press