NERVOUS DISEASES AND INSANITY.

By L. R. OSWALD, M.B.

Heredity and Education in the Genesis of Mental Disease.

By Toulouse and Damage (Revue de Psychiatrie, June, 1905).—In this paper Toulouse, writing in collaboration with one of his pupils, restates his arguments against the view which, since the time of Morel, has exaggerated the importance of heredity in mental disease. He claims for the environment, and for that limited and selected application for the environment which is called education, a large, and, it may be, a predominant part in the genesis of insanity.

In other contributions to medical literature, Dr. Toulouse has touched on this question, but in the present article his arguments are elaborated. He applies the general considerations of the influence of the milieu, as seen in the morphological variations on plants and animals under different climatic and other conditions, to the facts of insanity, and points out that the usual proof of the predominant influence of heredity, from the frequency with which cases of mental disorder can be traced in the family history, is fallacious in many ways. For example, the conception of what constitutes abnormality of mind is usually vague and indefinite; and, further, the results cannot be controlled by any reference to the conditions in the family history of the sane.

It is, the author holds, his early education—which in a great measure gives the individual his way of reasoning and his way of reacting to emotions. Growing up amongst people who exercise no restraint on their feelings, who practise no intellectual discipline, the child of the neurotic parents becomes like them subject to irrational thought.

The authors insist on the importance of a specially adapted education as a means of preventing the development of mental disease in predisposed subjects.—H. C. M.

On the Etiology of Asylum Dysentery. By W. Bernard Vinobel, M.D. (Thesis, Journal of Mental Science, April, 1906).—The author comments upon the prevalence of this disease in English asylums, and its rarity in the out-patient department of general hospitals, in workhouses, infirmaries, prisons, and even among the London poor, and upon the fact that although during the last four years precautions have been taken as regards the isolation and disinfection of cases, there is little diminution in the number of these, or of deaths from this cause. In 1901, for example, 5'6 per cent of all deaths were due to asylum dysentery in the London county asylums, and in 1904 the percentage was 3'8.

Several micro-organisms have been found constantly present by various observers, and the author thinks it probable that the disease is caused by one or more organisms of universal distribution, either within or without the colon, and becoming pathogenic under favourable conditions. An unhealthy soil probably predisposes to it, and a disturbance of the subsoil seems frequently to determine an outbreak—numerous instances in which this occurred being given. That the resisting power of animals to infection is lowered by their breathing sewage effluvia has been proved, and severe diarrhoea not infrequently follows an exposure to such air in the case of human beings—both sane and
insane. A faecal odour must permeate the wards occupied by lunatics, and the author regards this as a powerful predisposing factor; this explains also, he believes, the more even distribution of the disease on the female side of an asylum—dirty habits being, as they are, common among most classes of insane women. Another important factor is cerebral degeneration. The disease is rare among imbeciles and occurs most frequently in cases of gross cerebral deterioration. It is supposed that the resisting power of the intestine against bacterial invasion is diminished in these cases, and that there is disturbance of the normal control exercised by the intestine over the growth of microorganisms. The fact that acute colitis not infrequently follows a severe lesion of the spinal cord supports this theory. By means of charts, the author demonstrates that the disease is not spread by the transference of recovered patients from ward to ward—and he is evidently of the opinion that it is not contagious.

The questions of age, sex, occupation, filth-eating, meteorological conditions, and seasons are briefly dealt with, and none of them is held to have etiological importance. The occurrence of the disease among members of the asylum staff may be caused by a virulent form of the organism of asylum dysentery in a person whose resisting power has been temporarily reduced—possibly by the inhalation of air having a faecal odour.

The rarity of the disease in the Scottish asylums is not commented upon.—M. B. H.

The Morison Lectures for 1906: The Pathology of General Paralysis of the Insane. By W. Ford Robertson, M.D. (from a summary in The Journal of Mental Science, April, 1906).—Dr. Robertson has for the last six years been carrying on a series of investigations on the pathology of general paralysis of the insane. In 1901 Dr. Lewis C. Bruce pointed out that, in cases of general paralysis, febrile attacks occur every two or three weeks, accompanied by leucocytosis—except in the third stage of the disease, when leucocytosis may occur without pyrexia. This observation led him to regard the disease as due to the absorption of bacterial toxins from the gastro-intestinal tract. Dr. Robertson came to a similar conclusion about the same time, as a result of his investigations in the post-mortem room. Another investigator found further evidence of chronic toxæmia in widespread endarteritis. In 1902 a bacteriological investigation was begun by Dr. Robertson and others, and is still in progress. A micro-organism resembling the Klebs-Loeffler bacillus was found so constantly, and in such large numbers, in cases of general paralysis as to lead the investigators to regard it as of etiological significance. So far the evidence in its favour is as follows:—

1. It is constantly found in large numbers in the alimentary or respiratory tract, or in both, and in the genito-urinary tract in cases of advancing general paralysis.
2. In a thread form it has been found invading the walls of the alimentary or respiratory tract in five cases.
3. It is commonly the only micro-organism present in the catarrhal pneumatic foci found post-mortem.
4. It has been grown from the brain after death in ten out of twenty-four cases.
5. It has been found once in the fresh blood, and twice in sections of the brain. Disintegrating bacilli can be found in many cases in the brain.
6. Dissolving bacilli can be found in the fresh blood and cerebro-spinal fluid, especially during a congestive attack.
7. Pure cultures of the organism have been obtained from the fresh blood in four cases, and from the fresh cerebro-spinal fluid in two.
8. The urine commonly contains it in abundance.
9. Three rats and a goat inoculated with it developed symptoms and showed post-mortem changes resembling general paralysis.
10. The leucocytes of the general paralytic have a greater power of dissolving the bacillus than have the leucocytes of controls.
Treatment by means of antiserum is to be tried at the Edinburgh Royal Asylum.—M. B. H.

Isopral. By Klatt (Die Heilkunde, March, 1906).—The varying effects of the same doses of hypnotics in different individuals is well known, and it is useful to hear of a hypnotic worthy of trial when those most frequently in use have failed. Isopral is given in 2-gramme doses, and the author found it specially useful in cases of delirium tremens in which there were no cardiac or pulmonary complications. It does not seem to act so well in maniacal conditions, and probably will not replace the more commonly used drugs, but it has been found to be a pleasant and reliable hypnotic in cases of mild melancholia and neurasthenia. This is confirmed by the reviewer.

The author describes the case of an old lady with severe hypochondriacal melancholia, and with whom all the narcotics had failed to induce sleep. After the first dose of isopral she slept for three hours, and soon began to sleep naturally; but it seems to us that in this case the action of suggestion could not be altogether excluded. It is not recommended as a narcotic, and there are evidences pointing to the danger of its administration where degeneration of the heart muscle is present.—L. R. O.

Neuro-Insane Constitution. By S. R. Macphail (Derby Asylum Reports, 1906).—Writing of the causation of insanity, Dr. Macphail discusses the difficulty of assigning a given attack to one specific cause. He believes that what he describes as the neuro-insane constitution is the most important factor in the production of insanity, and that at least 60 per cent of the admissions to asylums have broken down because the nervous system was the weak point in the families from which they sprang. In such cases the immediate or exciting cause may be very trivial, the chief predisposing causes being the hereditary potentialities of the patients and the occurrence of previous attacks. Macphail believes that without looking for any exciting causes, such as emotional strains, physiological crises, diseased bodily conditions, and unhealthy excesses, we can explain the mental breakdown in the great majority of cases by the inheritance of an unsatisfactory brain and nervous system. He does not, it will be gathered, put any value on environment as a causative factor in the insanities, though by many writers it is believed to be secondary in importance only to heredity.—L. R. O.

DISEASES OF THE SKIN.

By J. WYLLIE NICOL, M.B., C.M.

Treatment of Simple Warts by Internal Remedies. By Dr. Arthur Hall (British Journal of Dermatology, March, 1906).—The writer published a case in the British Journal of Dermatology, vol. xvi, p. 262, in which numerous warts of the scalp, of two years' duration, disappeared absolutely in two or three weeks after the administration of sulphate of magnesium during that time. Dr. Chalmers Watson afterwards referred Dr. Hall to a case which he had published, pointing out that the particular drug (sulphate of magnesium) was not essential, but that free purgation was the factor of importance in treatment. In support of this theory Dr. Hall publishes the present case.

The patient, a girl, aged 14, had the dorsa of both wrists, hands, and fingers literally covered with warts, preventing her from working as a domestic servant. There were 367 on one hand alone. They had been present more or less from childhood. She had always suffered considerably from constipation. Sulphate of magnesium was prescribed in the form of mist. alba. At the end of two