ABSTRACTS FROM CURRENT MEDICAL LITERATURE.

NERVOUS DISEASES AND INSANITY.

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Heredity in Relation to Mental Disease. By Farquharson (Journal of Mental Science, July, 1898).—The following conclusions are drawn from an analysis of the admissions during thirty years into the Cumberland and Westmorland Asylum:—

1. The proportion in which hereditary predisposition existed was 30.7 per cent.

2. It is not actual insanity that is transmitted, but an inherited flaw in the nervous organisation; this may remain latent for one or more generations and subsequently reappear.

3. Hereditary predisposition to insanity is strongest when it is inherited through both parents.

4. The maternal influence is very slightly more potent than the paternal in transmitting the tendency to insanity.

5. Insanity inherited through the father is slightly more dangerous to the sons than to the daughters; insanity inherited through the mother is markedly more dangerous to the daughters than to the sons.

6. The female sex is markedly more liable to suffer from hereditary insanity than is the male.
7. The order of sequence of the different forms of mental disease amongst the cases admitted, as regards the frequency of hereditary predisposition, was as follows:—(a) Congenital insanity, (b) melancholia, (c) mania, (d) epileptic insanity, (e) dementia, (f) general paralysis.

8. The suicidal impulse is very frequently present in cases of hereditary insanity.

9. Suicide and dipsomania have a marked tendency to be transmitted from one generation to another.

10. In most cases, however, the form of insanity in the descendants shows great variations from that which occurred in the ancestors, and different members of the same family or generation may exhibit widely different varieties of mental disease or other nervous disorder. Insanity, the tendency to which is inherited, may have been preceded by forms of nervous disease other than insanity.

11. In successive generations the propensity to mental disease may become gradually intensified; finally a state of amnesia or dementia is produced, with a tendency to bring about extinction of the family. On the other hand, the tendency to mental disease may become gradually eliminated in the course of generations.

12. The origin of hereditary neuroses in a family can sometimes be traced to alcoholic excess in the ancestors.

13. Hereditary predisposition to insanity in a family is frequently associated with the tubercular diathesis.

14. The exciting causes of attacks of insanity seem, on the whole, to be of much the same nature in the hereditarily predisposed as in those without predisposition.

15. Hereditary insanity is specially prone to show itself at critical periods of life; thus, puerperal insanity is proportionately more frequent in the hereditarily predisposed than in those without predisposition.

16. Relapses are more frequent in cases of hereditary insanity than in non-hereditary cases.

17. Hereditary cases are apt to suffer somewhat earlier in life than non-hereditary cases.

18. Attacks of hereditary insanity may come on at any period of life. Even in senile insanity the proportion of hereditary cases does not fall very short of the proportion existing in cases at all ages combined.

19. Hereditary insanity frequently makes its appearance at about the same period of life in successive generations. When the taint is becoming intensified it tends to make its appearance at an earlier age in each succeeding generation; and, conversely, when the taint is becoming eliminated it tends to appear later in life in each succeeding generation.

20. The proportion of unmarried persons is considerably higher amongst those suffering from hereditary insanity than amongst those without predisposition.

21. The recovery-rate in hereditary cases is considerably higher than in non-hereditary cases.

22. The death-rate is lower in hereditary than in non-hereditary cases.

23. The duration of life is somewhat shorter in those suffering from hereditary insanity than it is in the insane generally.

24. A larger proportion of deaths from tubercular diseases occurs in cases of hereditary insanity than in non-hereditary cases.

25. The duration of the attack in hereditary cases in those that recover does not seem to differ very much from that in non-hereditary cases.

The Spinal Lesions of General Paralysis. By Anglade (Archives de Neurologie, August, 1898).—In every one of the twenty cases investigated spinal lesions were found to exist. The endogenous fibres of the white substance were always respected, but the exogenous fibres were degenerated, and in the following order of frequency and intensity:—The median radicular fibres, the short fibres of the posterior columns, the crossed pyramidal tract, the
direct cerebellar tract, rarely the direct pyramidal tract, and more rarely still Gower's tract in the antero-lateral column. The grey substance was modified in its general form, and profoundly altered in its details. The anterior radicular cells were affected with atrophy, or only with chromatolysis, and Clark's cells and those of the posterior cornu were similarly affected. The dura mater was habitually normal, but there was often lepto-meningitis, proliferation of the neuroglia, endoperiarteritis, and phlebitis.

The degeneration of the crossed pyramidal tract is not regarded as in all cases a descending degeneration arising from the lesion of the cortical pyramidal cell, and the lesions of the posterior columns are considered to originate in an ascending degeneration of the radicular fibres. The lesions in their entirety resemble those produced by intoxications from mineral poisons and toxines, and the vascular lesions are similar to those produced by syphilis. The lesion of the sensory and motor conductors being so constant and so profound, it ought to manifest itself at an early stage of the affection, and should, the writer thinks, assist in the early diagnosis of the disease.

Post-operative Psychical Troubles. By Rayneau (Archives de Neurologie, September, 1898).—This writer arrives at the following conclusions:

1. There does not exist any special type of psychosis which can be classed as post-operative insanity.
2. Excepting certain operations on the cranium and thyroidectomy, in which the surgical intervention by itself may bring about mental troubles, predisposition, hereditary or acquired, plays the principal rôle in their genesis.
3. Various other causes may prove effective in the production of these accidents: intoxications of internal or external origin, alcoholism, infection or auto-intoxications, moral shock or the anxiety which accompanies the operation, the anaesthetics, the antiseptics, the state of anaemia or cachexia of the subject, the nature of the intervention, its seat, and the organs affected.
4. Gynaecological operations are not exposed more than others to post-operative psychical troubles.
5. These troubles are not frequent; their evolution and prognosis depend on the causes which have given origin to them, and on the forms which they assume.

Condition of the Nerve Cells in the Status Epilepticus. By Rispal and Anglade (Archives de Neurologie, September, 1898).—Very little departure from the normal was found in the cells of the cervical or lumbar cord, the bulbar nuclei, or the cerebellum, but in the brain the lesions were very important. The pyramidal cells had lost their form and volume. The cell body was often swollen and vacuolised, but sometimes, on the contrary, the volume of the body was so reduced and the principal protoplasmic prolongation so increased in volume that it became impossible to say where one finished and the other commenced, and the chromatic substance was in part destroyed, but the principal lesion observed was the invasion of the cells by corpuscles, apparently of the neuroglia. Whether this phagocytosis preceedes or follows the death of the cell is regarded as doubtful, and it is not peculiar to the brain of the epileptic, being observed, in a much less degree, in complete dementia in which the nervous system is the seat of profound alterations.

Lesion of the Cerebral Cells in Mental Confusion. By Ballet (Le Progrès Medical, 2nd July, 1898).—Nearly all the large pyramidal cells were found affected. They were swollen and of rounded outline; their prolongations were not at all, or very badly, visible; they possessed but few chromatic granulations, and were affected with pigmentary degeneration. These lesions are regarded as having their origin in multiple intoxications and infections.