been some changes about the optic nerve. It had been distinctly pale from the first, of course; but round about both nerves there had been disturbances of pigment between the nerve and the macula. Dr. Thomson had been unable to make up his mind whether the case was one of tobacco amblyopia or whether there was any possibility of its being post-influenzal.

Dr. Ramsay, in answer to a question by Dr. George Marshall, quoted Dr. Lauder Brunton as saying that the poisonous effects were due to the absorption of combustion products of the tobacco. Then, as to influenza, he had on three or four occasions seen cases of that disease followed by optic neuritis, probably retro-bulbar, but much more severe than those tobacco cases. He thought that in Dr. Thomson's case influenza had played the part of a determining cause, in weakening the nerves and allowing the tobacco to act upon them, rather than that of the actual cause of the disease.

ABSTRACTS FROM CURRENT MEDICAL LITERATURE.

NERVOUS DISEASES AND INSANITY.

By Dr. R. S. STEWART.

Treatment of Chronic Epilepsy. By Bondurant (American Journal of Insanity, July, 1894).—The conclusions at which this observer arrives are based upon results obtained by the use of various drugs; but the period of treatment is not sufficiently prolonged, extending only over thirty days, to permit deductions of much value. He summarises as follows:

Borax, antipyrine, acetanilide, phenacetin, and many other alleged anti-epileptic agents are, save in rare cases, without influence over chronic epilepsy with insanity.

β-Naphthol is occasionally beneficial, but probably not more so than catharsis.

The bromides will postpone the occurrence of the convulsions, but in most cases do more harm than good.

In dealing with the maniacal attacks seclusion may be necessary. Sedatives should be applied rarely, if at all.

The best single remedy in the status epilepticus is blood-letting. Of drugs, the most valuable is chloral.

Increase of Insanity in Ireland. By Drapes (Journal of Mental Science, October, 1894).—The result of an examination of the statistics of lunacy is to show that while there is an undoubted increase of occurring insanity, as indicated by the records of first admissions, by far the largest part of the apparent increase in insanity generally is due to accumulation, and that the seeming preponderance of insanity in Ireland, as compared with England, is fictitious, and depends entirely upon the greater amount of
accumulation in Ireland, occasioned by the lower death-rate in that country, and (possibly) the lower rate of discharge of the unrecovered.

As a possible explanation of this increase of occurring insanity, it is pointed out that there has been an increase in deaths from diseases of the nervous system of late years, and that it may fairly be inferred that the increase of insanity is part and parcel of this general increase of diseases of the nervous system; that this condition of things may be largely attributed to the increased strain of modern life and chronic political interest; that the Celtic temperament lends itself more readily than that of other nationalities to disturbing influences; and that heredity, though not an increasing factor, is by far its most powerful predisposing cause. Alcohol is, if anything, a decreasing, not an increasing factor in the causation of insanity, and tea drinking in excess is credited with having to some extent an indirect effect. The writer admits that emigration has had some influence, but thinks its effects have been over-estimated.

The remedy for this ever-continuous increase lies in the direction of an increased knowledge of the laws of mental sanitation, comprising such broad principles as the avoidance of injudicious marriages, the pernicious effects of the abuse of narcotics and stimulants, and the adjustment of intellectual labour, especially in the case of children.

Increase of Insanity in Ireland. By Tuke (Journal of Mental Science, October, 1894).—Dr. Tuke admits the increase of occurring insanity, and mentions as possible contributory causes the influence exerted upon the feebler portion of the community by the worry and increased responsibility thrown upon them by the removal of a great mass of the healthiest and strongest section of the population, the hereditary transmission of feeble minds consequent upon marriages amongst the remaining enfeebled class of the community, agricultural depression, the greater consumption of alcohol, and impoverishment of diet.

Syphilis and General Paralysis. By Fournier (Le Progrès Médical, 3rd November, 1894).—An analysis based upon the statistics of twenty-seven observers gives an average of 50 per cent as the proportion of general paralytics in whom there was a history of syphilis. In one instance the proportion is as high as 90 per cent. Of 14 cases under 16 years of age, 13 were syphilitic. As to the part played by syphilis in relation to general paralysis, there are four possible views. It comes as the last factor on a soil prepared by alcoholism, over-pressure, nervous heredity; or it prepares the soil for the action of these causes; or it acts directly by its toxines on the nervous centres; or the action of the toxines, after attacking the skin and mucous membrane, is at a later period displaced.

Basophobia or Phobic Abasia in Hemiplegia (Posthemiplegic Hemineurasthenia). By Grasset (The Medical Week, 7th Sept., 1894).—This is a hitherto undescribed symptomatic form of neurasthenia associated with organic nervous affections. It occurred in a case of ordinary hemiplegia, and was characterised by inability to walk in a public place, the disability referable only to the paralysed leg, and associated with a veritable anguish. The symptom supervened long after the onset of the organic affection, and gradually increased, and is regarded as an evolvement of the fixed and sub-conscious idea of the inability to walk. The peculiarity of this case is that, though of the same nature as all other varieties of phobia described in connection with neurasthenia, the functional impotence caused by the phobia affects a function which is already changed—that is to say, walking already rendered difficult becomes impossible in consequence of a superadded neurosis. The case is regarded as one of ancient hemiplegia due to cerebral hemorrhage which is incurable, and a consecutive neurasthenia in the form of phobic abasia in which there is a chance of successful treatment.

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Necrotic or Neuropathic Gangrenous Trophoneurosis of the Extremities. By Lancereaux (The Medical Week, 29th June, 1894).
—Under this designation are included those cases in which mortification only occurs. The chief characteristics are the existence for months or years of excruciating pain and burning sensation in a limb, the sudden appearance of phlyctæna or necrotic patches on the extremities, the black and horny appearance of the affected parts, and the dry mode of separation.

Autocopic Trophoneurosis; Spontaneous Amputation of Limbs; Ainhum. By Lancereaux (The Medical Week, 5th October, 1894).
—Under the term autocopic trophoneurosis are included those cases which are distinguished principally by the tendency to amputate fingers and toes, or even whole limbs. This, and the variety immediately described, are regarded as falling under the head of the vasotrophic neurosis, and as evidence of a special modification of the nervous system, the tendency to which is hereditary rather than acquired. The prognosis is always grave, and the only means of staying their progress is to treat the initial disturbance of the nervous system.

Ainhum (Dactylolysis Spontanea). By De Brun (The Medical Week, 28th September, 1894).—This is the description of a case occurring in a child of Semetic descent, and involving several toes of both feet. Like Lancereaux, he recognises the origin in an affection of the nervous system; but, unlike him, he does not regard intra-uterine amputation as having any affinity with the disease here described.

Electric Dermography in Exophthalmic Goitre.—Peryon and Noir describe a variety of dermography not alluded to in the very complete study of this subject by Barthélemy. They have observed it in two patients, both of whom were suffering from exophthalmic goitre. They describe the phenomena thus:—When the patient is treated with static electricity, there appears at every point of the skin where a spark has been elicited a white, livid, anaemic spot, surrounded by a red, depressed areola. On the forehead, neck, chest, or upper limbs, the observer traces a figure by a succession of electrical sparks. Scarcely has a spark shone, when a white, elevated point, like one of the little eminences of a "goose-skin," makes its appearance. In twenty or thirty seconds a diffuse redness appears, and this becomes more marked during the next minute or so. The figure traced is thus reproduced in the form of a series of little white elevations on a diffuse red base, the whole persisting for four or five minutes.

One of the patients was a female, aged 22, with a highly neurotic family history. At the age of 4 she had an illness during which she did not eat or sleep for a fortnight. From that time till the age of 20 she had been in good health, though very nervous. Then headache, exophthalmos, giddiness, and leucorrhœa set in, together with general lassitude. She improved temporarily under static electrification, but soon relapsed, and was not again benefited by this form of electricity. When examined by the writers in July of this year, she was found to have marked exophthalmos, tachycardia, goitre, and choreiform movements of the neck and arms, together with Gréfe's symptom. When she was put under treatment by static electricity, the phenomena which have been described manifested themselves. Apart from electricity, however, every attempt to produce dermography failed. The continuous current was employed twice a week, the negative pole being placed at the angle of the lower jaw, and the positive pole alternately in front of the neck for two minutes, and in the precordial region for one minute. The skin became pale and slightly livid at the one pole, and at times developed an actual nettle rash; it simply became red at the other pole. In less than two months the patient had gained 10 lb. in weight, and her symptoms had undergone great amelioration, so that she was able to attend to her employment without getting tired. The vasomotor symptoms diminished in intensity proportionately to the other symptoms.
The writers believe that this case corroborates the views of certain other observers, who hold that galvanism is to be preferred to any other form of electricity in the treatment of Basedow's disease. With regard to this particular case, the static form was continued for the purpose of producing dermography, but was understood to have no therapeutic effect.

The authors observed the same curious phenomena in another patient with exophthalmic goitre—a woman in the fifth or sixth month of pregnancy. In her, too, dermography could not be induced by the ordinary methods. It is therefore supposed that electric dermography may be added to the list of the vasomotor symptoms of Basedow's disease. (Progrès Médical, 15th September, 1894.)—T. K. M.

Anatomical Changes in the Heart in Chronic Mental Diseases.—Strecker has compiled statistics on this subject on the basis of 1,000 autopsies. He finds that morbid states of the heart are more frequent in men than in women, and increase in frequency with the age of the individual. The heart is least frequently affected in cases of mental disturbance due to tumours or syphilitic disease of the brain. Then follow, in order, paralysis, epilepsy, the quiet forms of insanity, chronic alcoholism, paranoia with mania, paranoia with melancholia, senile dementia, and finally apoplexy (100 per cent). (Noticed in Deutsche Med.-Zeit., 23rd August, 1894.)—T. K. M.

MEDICINE.

By T. K. MONRO, M.A., M.B.

Connection Between Increase of Eosinophile Cells in the Blood and the Occurrence of Charcot's Crystals in the Feces of Patients with Intestinal Parasites.—Bücklers, of Cologne, corroborates Leichtenstern's view that Charcot's crystals are present in the feces in all cases where parasites are present in the intestines. In cases of worms where these crystals are discovered, a certain influence exercised by the parasites on the composition of the blood is shown by a more or less considerable increase of the eosinophile cells. This influence seems to be related to the number of crystals, because in severe cases the number of eosinophile corpuscles may amount to more than half the total number of leucocytes. Successful treatment for worms generally ensures the speedy disappearance of the crystals from the evacuations, while the number of eosinophile cells subsides only slowly to the normal. An examination of the feces is, therefore, important in diagnosis, inasmuch as the absence of crystals indicates destruction of the parasites. Examination of the blood will, of course, not give such reliable results. (Deut. Med.-Zeit., 3rd September, 1894.)

Influence of Lesions on the Ability of Tissues to Fix Substances in Solution.—Charrin and Carnot have made investigations on this subject. When substances in solution are introduced into the living organism, they sometimes distribute themselves uniformly throughout the body; at other times they distribute themselves unequally. In the latter case they accumulate principally in the liver, but also in the brain. Apart from the influence of the seat of entrance into the body—a factor which is easily neutralised by using the method of intravenous injection, or by introducing the substance by way of the digestive tract—it is permissible to explain some of these facts by assuming the existence of chemical affinities between the dissolved substance and the parenchyma of the organ in which they become fixed. Pretty much the same applies to bacteria, but here it is more easy to understand that a microbe should fix itself, say, in the spleen or in the marrow.