

precedes the delusional state, or whether the delusion is resultant from a disturbance of the general innervation and subsequent degeneration of the nervous system situated in the abdominal cavity, must at present remain an obscure but possible cause of the delusion of obstruction of the bowel in these patients. If the splanchnic is cut and its proximal end stimulated, sugar will appear in the urine. A wider knowledge of the results of the innervation and physiological character of digestion must assist us in our study of the causation of delusional or particular melancholic states.

The three cases I have recorded are instructive, as showing how important as a means of directing treatment is an early recognition of any abnormality in the excretions of the insane, and this seems to have been recognised at a very early period, for we find that the first thought of those beholding with alarm the mental symptoms shown by Malvolio "was to fetch his water to the wise woman," a female in the Elizabethan age who seems to have occupied the position of the physicist of to-day. If we study the causation of the delusions, the feelings of exultation and depression which gather in the minds of those to whom it is our daily duty to minister, we find our highest and most difficult labour. The student of the causation of delusion must early realise that this most obscure subject is closely connected with physiological chemistry, and particularly with those chemical decompositions, neurotoxic in character, resulting from the pathological irritation of nerve tissue with subsequent disorganisation, atrophy, and degenerative change.

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*Two Cases of Syphilitic Idiocy.* By L. HARRIS LISTON, M.D., Assistant Medical Officer, Exeter City Asylum.

CASE 1.—E. W—, æt. 27 years, presents the following signs of congenital syphilis. As a whole the skull is large, forehead square, frontal eminences very prominent, bosses on the parietal bones, bridge of nose broad, at angles of mouth are radiating linear scars, the upper central incisors are dwarfed, pegged, and notched. Two years ago she had an attack of interstitial keratitis beginning in one eye, and after two weeks affecting the other.

Besides these signs she has other degenerative stigmata: her palate is narrow and highly arched, her left iris is brownish green, the right blue, her eyelids are thickened, her hair is short and scanty, breasts small, menstruation irregular and scanty.

*Mental history.*—When about two years old she appeared “wanting,” could not learn words; went to school, failed to learn to read or write but could count. Was then kept at home, and at times did a little housework, but was very sleepy and lazy, and at puberty, which occurred at about seventeen years of age, was sent to the workhouse, where she remained till aged twenty-one. While there she became troublesome, had fits of “temper,” during which she was noisy and abusive without reason, and on this account was removed to asylum care.

During her stay in the asylum she has been uniformly dull and stupid, seldom speaking or working. On rare occasions she has fits of bad temper, but is generally placid, taking little notice of anything. For the last six months she has shown some signs of personal vanity; for instance, tucking up her sleeves to show her arms, baring her neck and chest, and caressing a curl, smiling appreciation when admired.

CASE 2.—K. O—, æt. 38, has prominent frontal eminences, similar bosses posteriorly on the parietal bones, little pitted scars around the mouth, and at its angles radiating linear scars are to be noticed. She has only one tooth, a bicuspid, in the upper jaw. Palate is narrow, highly arched, and deeply scarred. Her head is round, circumference twenty inches, flattened posteriorly. Hair of head scanty and poor; no pubic hair. Breasts very small. Menstruates regularly but scantily. Both tibiæ are thickened with nodes. She has many pigmented scars on both shins. Body dwarfed.

*Mental history.*—She could not be taught to read or write, and was a long time in learning to speak. She is now simple, facile, and easily pleased, wants help in washing and dressing. Is good tempered and well behaved. Often pretends to be suffering from cough and other slight ailments, as she has learnt that she may thereby obtain lozenges and wine. She helps in dusting and carrying, but requires to be aided in all she does. She has no active desires, no sexual feelings, and no ambition.

*Remarks.*—Well-marked examples of congenital syphilis in idiots are rarely seen, and although it is not uncommon to note a slight mental deficiency in the subjects of inherited syphilis, one sees many sufferers from the disease whose mental vigour is unimpaired.

In other diseases of the brain in which undoubted structural alterations occur, notably in cases of general paralysis of the insane, the signs of acquired syphilis or its history are extremely common.

Bearing in mind these two facts, *firstly*, that idiocy is rare in cases of congenital syphilis, and *secondly*, that general paralysis is usually the result of acquired syphilis, the question

arises, Why do the former class of cases so rarely, and the latter so frequently, suffer cerebral degeneration? Can it be the result of treatment?

On the earliest appearance of any symptom in the child the anxious mother seeks advice, appearing at the out-patient department of the children's hospitals; there the condition is diagnosed as one of inherited syphilis, and the little patient is immediately put upon anti-syphilitic treatment. The importance of continuing the treatment for a considerable time being impressed upon the mother by the physician, the child, as a rule, is freely dosed with mercury.

On the other hand, to take the case of a man who has unfortunately contracted the disease, only too often, on the advice of a friend, he applies some simple remedy, being ashamed to confide in his medical adviser. After weeks or months, when saturated with the poison, suffering, possibly, from sore throat, ulceration of the mouth, and a syphilitic eruption, he realises the nature of the disease from which he is suffering, and then only seeks proper advice.

Although he may then improve considerably under active treatment, the virus may have already had its deadly effect upon the delicate organisation of the higher neurons.

This degeneration, as a rule, is not manifest until years after infection, but occasionally, when the infection has been severe and the secondary symptoms very pronounced, symptoms of general paralysis of the insane may appear within two years, as in a case recently under my observation. In these cases on inquiry one ascertains that either treatment has been entirely neglected or else has been inadequately carried out.

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*A Family Tree illustrative of Insanity and Suicide.*

By J. M. S. WOOD, M.B., Sheffield Royal Infirmary, and  
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THE Family A has been engaged principally in seafaring pursuits.

The tree shows, in a graphic manner, the incidence of insanity and suicide. There is also an undefined family history of phthisis. The following figures give the numbers of members of the families affected or unaffected.