

Dr. Lattes' paper includes detailed reports of the sixty cases, which, though very condensed, are remarkably clear pictures of the mental condition of each patient. A few of the cases give rise to suspicions of simulation and malingering, but the majority were evidently genuine attempts at suicide.

J. BARFIELD ADAMS.

2. Ætiology.

Syphilis as an Ætiological Factor in Epilepsy. (*Journ. Missouri State Med. Soc., November, 1919.*) Booth, D. S.

The author prefaces his thesis by defining epilepsy on the basis of entity, though calling attention to the fact that it is but a syndrome resulting from many and various conditions, some known and discoverable by a thorough and complete clinical and laboratory examination, others unknown and not discoverable even *post-mortem* by any means yet known—so-called idiopathic epilepsy.

The author recalls that there is a variation between different observers as to the frequency of syphilis as an ætiological factor in epilepsy, at least to the degree that it is the sole cause—which is often difficult, and at times impossible, to demonstrate. Though generally recognised that epilepsy may be caused by various tangible syphilitic demonstrations, most authors do not mention the possibility of syphilis causing a "basic impairment of the germ-plasm" without pathological findings; however, it appears evident that there must be a peculiar condition of the nervous system, inherited or acquired, that enables an irritant, whether toxic or otherwise, to produce stereotyped attacks in certain individuals and not in all having a similar exciting factor.

Most text-books merely refer to syphilis as one of the causes of epileptic attacks without any reference as to its frequency or the manner in which it acts.

Available statistics give syphilis as infrequent in epileptics—from 5 to 14 *per cent.*—while reports of most serologists give a small percentage of positive Wassermann reactions in both the blood and spinal fluid, with variable and inconstant findings in the latter as to pressure, pleocytosis and globulin content, though frequently there is a considerable deviation from the normal reaction of the Lange colloidal gold test.

If it be possible for syphilis to be present in an epileptic without giving any diagnostic evidence, it may be argued that the disease should at any rate respond to antiluetic treatment, which is untenable, since a disease or condition is not necessarily cured by treatment directed to the cause; hence the fact that symptoms, presumably due to a frank syphilis, do not recover after all clinical and serological evidence of syphilis has disappeared, does not necessarily argue against a syphilitic origin.

Another source of error arises from depending too much upon the laboratory findings and too little upon the findings of a critical clinical examination.

Though some of the author's cases of epilepsy have shown only a two-plus Wassermann and a few but a one-plus reaction, he is treating them as though specific in origin with encouraging results, though it is

too early to record conclusions. Those giving a one-plus Wassermann have been almost entirely children or women, in whom he had reason to believe that if syphilis were present at all it was hereditary.

While unprepared at this time to give data, the author states that in his experience of the past several years the proportion of epileptics giving a Wassermann reaction in some degree is much greater than that given in available statistics, and he feels confident that the laboratory has not detected all cases in which syphilis was, either directly or indirectly, an ætiological factor. AUTHOR'S ABSTRACT.

3. Clinical Psychiatry.

A Contribution to the Study of Toxicomania . . . on a Psychasthenic Foundation (Psycho-toxicomania) [Contributo allo Studio delle Tossicomanie . . . su Fondo Psicastenico (Psico-tossicomanie)]. (Reprinted from Il Manicomio, 1918.) Bianchini, L.

R. F. E—, a sub-lieutenant of infantry, was charged with cowardice for having on November 1st, 1916, at the commencement of an attack on the enemy's position, deserted his company. The regimental surgeon reported that the man was a confirmed morphia maniac, and that scars of injections were visible on his body. The commander of his battalion reported that he was intelligent, capable of service, but of a rather weak physical constitution. The captain of his company reported that he was ignorant of moral duties, had no sentiment of dignity or *amour propre*, that he was a morphia maniac, and gave one the impression that he was mad.

R. F. E— was the eldest and the least robust of a family of six, the family history being good. At school and afterwards he showed himself fairly intelligent, but his intelligence was ill-balanced and his will was weak. He was also very vain.

He commenced smoking tobacco at the age of fourteen, and he gave himself so completely up to the habit that at eighteen he was accustomed to smoke 100 cigarettes a day.

He did not choose to follow the public course of lectures, but preferred studying at home for his licentiate. He worked hard, but his labour was so vacillating and so badly directed that he failed to pass the examination. He was a great reader, but his reading was desultory. He appears to have found more pleasure in the study of chemistry than in any other branch of knowledge. The description of the effects of certain alkaloids on man and animals fascinated him. He read many books on pharmacology and toxicology. He obtained specimens of various drugs, such as chloroform, chloral, Indian hemp, opium, morphia, atropia, cocaine, etc., with which he experimented on himself. He made the first injection of cocaine in August, 1914, when he was eighteen years and six months old. It appears, therefore, that he became a toxicomaniac from curiosity. But it is to be noted that in his own confession he speaks of having been induced to smoke opium by a friend who had frequented the opium dens of Marseilles and Paris.