

for which the assistant physician could give us no good reason, but that she was noisy and occasionally tore her clothes, and for the restraining of whom no medical order had on that occasion been given, implying the damning fact that the *occasions* for restraint were determined by the attendants after the doctor had determined which patients its use was supposed to be beneficial in. Before we saw that sight we had hesitated about condemning entirely the use of mechanical restraint in a few rare and unusual cases. After that we have come to the deliberate conclusion that it is better far to accept the evils of non-restraint than fly for a cure to a system that is capable of such abuse.

We have had in England no work, since Dr. Conolly's famous treatise, on the construction of asylums. There is now considerable need for such a book. When it appears we hope it will be as readable and conscientiously written as Dr. Kirkbride's, which in most respects is a model of what such a work should be.

T. S. C.

Syphilis of the Brain and Spinal Cord. By THOMAS STRETCH DOWSE, M.D., 1879.

Though not a full and complete treatise on the subject, yet this book deals with several interesting aspects of syphilitic nervous disease.

Too much neglected in the past, the study of syphilitic disease of the nervous system has received a great impulse of late years, and numerous contributions have been made to the literature of the subject. Undoubtedly it has often occurred that the syphilitic origin of cases of nervous disease has been unrecognised, but with those whose attention is specially directed to syphilis, there is grave danger of falling into the opposite extreme, and of assigning almost any and every pathological condition to the working of syphilis. The large variety of effects that may be produced by syphilis makes it very tempting and very easy to consign to the syphilitic group many cases presenting more or less obscure, equivocal, or irregularly-grouped symptoms. Hence numerous cases may readily be termed syphilitic on insufficient grounds, and in actual error. And we cannot think that Dr. Dowse has wholly escaped this error when we find him writing as follows:—

“ In my own practice for the past seven years at the Central London Sick Asylum, where I have had over 10,000 patients under my care, of whom I have no hesitation in saying that three-fourths were more or less the subjects of acquired or congenital syphilis, I have often been puzzled how to arrive at a definite conclusion as to the exact type of disease with which I have had to deal ” p. 4.

Surely this is an exaggerated view as to the frequency with which syphilis is to be found in the patients at a metropolitan “ sick asylum.” The impression remains that one who has no hesitation in declaring three-fourths of patients such as these to be syphilitic, may have studied the subject with an undue bias towards the seeing of syphilis in any morbid condition not readily explicable on other grounds. He accedes, however, to Sir James Paget’s views as to the important modifications which syphilis undergoes in persons of different constitutions, and acknowledges the diagnostic difficulties encountered when dealing with syphilitic affections in persons of the scrofulous, gouty, rheumatic, and even cancerous diatheses, and the hybrid character of the clinical manifestations so frequently observed under these circumstances.

In the view of Dr. Wilks and several others, the ordinary earlier manifestations of syphilis are often least marked in the very cases in which the nervous system specially suffers, or it and the viscera. Dr. Dowse adds that, as a rule, he has not found the abdominal and thoracic viscera affected in post-mortem examinations of syphilitic disease of the nervous system. Nevertheless, in necropsies, we have often found syphilitic disease of the nervous system and viscera associated. In relation with the view just named there is every justice in his remark as to the frequent difficulty and questionable certainty in the diagnosis of syphilitic affections of the spinal cord.

Additions to our knowledge of the pulmonary hæmorrhage and the pneumonia sometimes due to syphilis, are much needed, and especially with reference to their diagnosis and to treatment. But no support can be given to the tendency to assume the syphilitic nature of any and every morbid condition occurring in those who are known, or supposed, to have contracted syphilis at some time or other; no light is shed on the matter by general statements, and one cannot readily assent to the exclusive opinion, expressed by Dr. Dowse, “ that if in the second stage of syphilis we had an active

pneumonia, I should unhesitatingly characterise this as syphilitic."

Nor can one see why he should express a belief that "it is usually admitted that the nervous system is rarely, if ever, influenced by the syphilitic poison whilst in the secondary stage." For, indeed, a number of instances of this kind are actually on record.

In the work under review it is remarked with regard to diagnosis, that—excluding reflex and hysterical paralysis—there are only three factors of paralysis, namely, embolism, thrombosis, and hæmorrhage, "with which syphilis can be confounded with other processes;" and that the onset is sudden and complete in these, whereas syphilis is slow in its working and alternately progressive and retrogressive. In actual practice, however, it seems to us that the divers ways in which syphilis can directly or indirectly cause paralysis, must also be kept in view; so, too, must the following several facts: that embolism, thrombosis, and hæmorrhage may be brought about by syphilitic disease itself, whence, perhaps, paralysis only indirectly of syphilitic origin, and due to these non-specific lesions; that syphilitic paralysis itself is sometimes sudden, and even occasionally complete, in onset, and, therefore, in this respect similar to the paralysees with which it is being contrasted; that the paralysees in various ways due to syphilomata may in no respect differ from those due to non-specific tumours and morbid growths of various kinds; that the paresies occurring in general paralysis may be precisely like some of those occurring in syphilis; while those following epileptiform seizures are often precisely the same, whether due to syphilitic or to a host of various other lesions.

An important subject is treated of in that part of the chapter on diagnosis in which outlines are carefully drawn of the groups of symptoms most usual with several syphilitic lesions; namely, gumma of the dura mater, inflammatory hyperplasia of the pia mater, and disease of the cerebral arteries. The limits of space preclude a detailed examination here of the distinctive clinical manifestations of these several lesions, or of the points as to which the experience of observers differs. A difficulty is that intra-cranial syphilis usually does not affect either the dura mater, the pia mater, or the arteries, alone; the rule being that other structures are simultaneously affected, either by the same or by separate lesions.

From a statement at p. 37, we find that the experience of Dr. Dowse as to the occurrence of syphilitic disease of the minute arteries of the pia mater, brain-cortex, and convolutions, is the same as that published some time ago in this country by several other observers, to whom, however, he makes no reference. And again, at p. 84, it appears that his pathological observations tally with the long-established scientific fact that, in the great majority of cases of brain-syphilis the membranes and the surface of the convolutions of the hemispheres are the parts attacked.

In treating of syphilitic disease of the sympathetic nervous system, the clinical histories of several interesting cases are related, but the pathology was not elucidated by any post-mortem examination. In these cases the grave lesions of the sympathetic ganglia described by Pietrow could scarcely have been present; and, in some, certain of the phenomena may be explained otherwise than by a syphilitic lesion of the sympathetic ganglia.

Syphilitic disease of peripheral nerves and neuralgias, are exemplified by two valuable cases in which the causation of the symptoms by syphilitic changes was justly inferred. In one the optic nerve and left Gasserian ganglion were apparently implicated, and in the other the sciatic nerve. And here Dr. Dowse draws attention to the important part sometimes played by the syphilitic constitutional taint in the course of, or during the extension of, disease of the nervous system due to traumatic injuries, or in the local muscular and nerve degenerations sometimes following the injuries.

Referring to syphilitic epilepsy, Dr. Dowse very justly states that there is no part of the brain which cannot of itself be the seat from which an epileptiform seizure may be generated. The *grand mal* form of epilepsy, however, he thinks is "unquestionably rare," as derived from acquired syphilis. Nevertheless, syphilitic epilepsy taking the clinical form of the *grand mal*, is by no means extremely rare, and in several such cases microscopical changes have been presented in the medulla oblongata and sympathetic ganglia similar to those occurring in the same parts in ordinary idiopathic epilepsy. Yet the great majority of the syphilitic cases are those of partial epilepsy.

The author expresses a belief that the neuroses, and various vascular and trophic affections, as ordinarily met with are, to a large extent, due to inherited syphilis, or to an inherited infirmity of nervous system in the children of syphilitic

persons. Thus he says, "I believe that most of the ailments with vascular and trophic disturbances, as megrim and other conditions which are in many cases vaguely termed hysteria, merely indicate an unstable condition of the sympathetic nervous system in persons who are essentially the offspring of syphilitised progenitors." Again:—"Believing as I do that syphilis in its hereditary form produces an unstable and defective evolution of the nervous centres to a degree far beyond any other agency, I should hold that primary idiopathic epilepsies are more due to hereditary syphilis than they are to any other cause."

But he scarcely offers us any evidence whatever to establish this view. No doubt children born to parents suffering from syphilitic nervous disease will probably inherit a more or less defective nervous organisation, and hereditary syphilis sometimes works a malign influence upon the nervous system, as upon other parts. But the suggestions occasionally made and discussed, to the effect that the nervous diseases met with in actual practice, to a large extent depend on a descent from syphilitic parents are, up to the present time, conjectural, vague and unproven. They *may* be true possibly, but it goes without saying that an unprejudiced, careful, practical, clinical investigation, and on a large scale, is much needed. Nothing less will suffice as the basis of conclusions so wide as those just referred to.

Some development and exemplification of what is said at p. 85 would have been interesting—"I have found in unstable brains and nervous systems where there has been an hereditary predisposition to neuroses and epilepsy that acquired syphilis has in the secondary stages, and for some years subsequently, actually relieved the patient from the epileptogenous tendency which, however, in the later stages of the disease, has returned with tenfold violence."

Comparing epileptoid seizures (as in syphilis) with true epilepsy, the view is held, "that in the majority of cases epileptoid seizures (whether they are or are not associated with mental defects), are due to convolitional functional irritability resulting from actual organic changes. In true epilepsy the reverse obtains, and the convolitional functions are merely inhibited, not locally, but in most cases suddenly and completely, and the brain-cells after the check is withdrawn rapidly regain their normal functional activity."

In speaking of the affection of mental powers usual in the intervals of syphilitic epileptoid seizures, the effect of making

the patient repeat the multiplication table is described. At a certain point "memory is lost, articulation becomes a mere jumble, and we have a temporary state of aphæmia, aphasia, and agraphia—in fact, an epileptoid seizure." It is not quite clear, however, that this was an epileptoid seizure.

An interesting case is related here of nocturnal epilepsy of syphilitic origin, with unconscious automatic violence and destructiveness; and also one of sensory abortive epilepsy.

In a summary as to syphilitic epileptiform seizures (p. 93), special reference is made to the age of the patients; the existence of mental derangement between the attacks, or even of a paresis which, however, gradually passes off; the incomplete absence of the reflex processes; the presence of subconsciousness rather than profound coma, of facial pallor rather than cyanosis; the fusion and ill-defined character of the stages; the rarity of universal tonic spasm; protracted duration of some of the fits, with intervals of wandering, delirium and excitement; profuse flow of saliva rather than foaming at the mouth; and variety in the epileptic cries.

As regards pathology. There are not too many examples on record of the lesions of the nervous system occasionally found in the secondary stage of syphilis, and Dr. Dowse's report of several cases of meningitis occurring in this stage is a valuable and welcome addition to our knowledge, and goes to confirm the recorded experience of Wilks, Moxon, and others. The meningitis, mainly found at the base of the brain was, in some cases, also found over the spinal cord, and in some over the cerebral convexity. He remarks that, in most of his cases of basic cerebro-spinal meningitis, "occurring in young people, there has been a marked history of syphilis, and in its secondary stage." We have met with this at a later period, but it is scarcely necessary to add how absolutely essential it is to insist, in all like cases, that the non-existence of the tubercular form should be most satisfactorily made out.

A number of valuable examples of tertiary syphilitic brain-lesions follow, and are of interest in relation to the mental defect or disorder, the aphasia, or other important symptoms found in them, and variously grouped. The last case is termed one of general paralysis of the insane, in which the small vessels of the frontal convolutions were markedly diseased, and we are glad to find that the author concludes his book—and confirms the observations published by others several years ago—by describing the syphilitic changes in

the small vessels of the brain in certain of these cases—changes which are not atheromatous, and, again, are not the changes attending Bright's disease.

The Past in the Present: What is Civilisation? By ARTHUR MITCHELL, M.D., LL.D., F.R.S.E. Douglas. Edin., 1880.

(*Rhind Lectures on Archæology*, 1876, 1878).

When one reads books on archæology one cannot avoid an occasional suspicion that the zealous authors have now and then been drawing upon fancy, rather than making a "scientific use of the imagination." The accounts they give us of the habits of prehistoric tribes seem sometimes *too* graphic, and their knowledge of the uses to which queer looking bits of flint and bone were put by our distant ancestors rather *too* circumstantial. Dr. Arthur Mitchell has lately sounded a note of warning in our ears, lest we should be too ready to follow these archæologists too implicitly in their ingenious speculations. Probably the warning is needed, and it is, at any rate, both instructive and amusing to be told of the old clock-weight, which an archæologist is described as taking for a kind of flail used by the primeval man of the district as a weapon of defence and aggression. Whether the inferences, which Dr. Mitchell seems to imply that we ought to draw from his warnings, are warrantable, it is scarcely our place to enquire; we may leave the question to be decided by the archæologists. For it is not of the strictly antiquarian portion of the work that it is our intention to speak, but rather of the second part of the book, which deals with civilization in general, and with the mental capabilities of mankind. It is the more desirable that these lectures should be noticed in this Journal, that, though differing essentially from most modern authorities on the subject, Dr. Mitchell expresses his views with a "sweet reasonableness" that is really delightful, and, at least, brings into prominence certain aspects of the subject which are, no doubt, too often lost sight of.

One of the chief conclusions reached by Dr. Mitchell, in this able work, is that "civilization is nothing more than a complicated outcome of a war waged with Nature by man in Society, to prevent her from putting into execution in his case her law of Natural Selection. . . . And the measure of