

*Conjugal Syphilis with General Paralysis and Tabes in Husband and Wife.* (*Bull. Soc. Clin. Méd. Ment.*, May, 1910.) Leroy. (*Idem*, November, 1910.) Bonhomme.

Of late years numerous cases have been recorded in which the occurrence of syphilis in husband or wife has been followed by general paralysis or tabes in both. No stronger evidence could be advanced in favour of the view that syphilis is the essential factor in the production of these diseases.

Dr. Leroy's paper deals with the case of a married couple, previously healthy, of whom the husband acquired syphilis at the age of thirty-one. Both he and his wife were vigorously treated by Fournier, and had a healthy child five years later. Eight and a half years after infection the man developed a rapid form of tabes, with all the classical symptoms. Two years later the wife showed signs of general paralysis of the demented type, with tremor, pupillary signs, increased knee-jerks and speech defects. The woman had been considered rather weak-minded originally, and the writer suggests that this fact may have predisposed her to this disease rather than to tabes. He is also in favour of the view that a special neuro-toxic strain of syphilis exists, and adduces the analogy of the ordinary pyogenic staphylococcus, which, if taken from a suppurating joint and passed through a series of animals, only gives rise to joint infections.

Dr. Bonhomme records two groups of cases of a similar kind. In the first, the husband had a chancre four years before marriage, and developed general paralysis twenty years later. His wife bore him four children, of whom the first died at one month, the others were healthy. She became tabetic sixteen years after marriage. In the second case the man developed general paralysis thirty years after infection; his wife had no children, and had no suspicion that she was infected, yet she showed well-marked signs of tertiary syphilis when examined. As a pendant to this paper, Dr. Marie mentions that the history of a pair of conjugal general paralytics, which he recorded a year ago, has recently been completed by the admission to his asylum of their daughter as a case of juvenile general paralysis with well-marked signs of hereditary syphilis.

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*Psychopathic Pains [Des Différents Espèces de Douleurs Psychopathiques].* (*L'Encéphale*, Sept. 10th, 1911.) Maillard, etc.

A discussion on this question was introduced by Maillard at the Amiens Congress of French Alienists and Neurologists last August. A psychopathic pain is symptomatic of an abnormal psychic state, whether it is altogether formed in the psychic organism or whether it is manifested as a disproportioned reaction to an insignificant irritation. Maillard divides psychopathic pains into four groups: (1) *Hallucinatory*, the pathological element here being the hallucination and not the pain; the intoxications and systematised persecution cases furnish classical types. (2) *Mythomaniac*, recognised in the first place by their exaggeration and discordance in relation to the assigned cause, also by the mode of appearance and evolution; auto-suggestion (as in the hysterical) presides over the genesis of the pains, which by force of attention and

emotion may become real fixed ideas. (3) *Paranoic*, essentially caused by insane interpretations, sensations not normally painful becoming pains through false interpretation; such pain must be distinguished from those of the first class. (4) *Cœnæsthopathic*, first differentiated by Dupré and Camus; these are strange and vague sensations due to disturbed cœnæsthetic sensibility, independently of any change in the sensorial organs, and they give rise to anxious, obsessive, or hypochondriacal states, which may even lead to suicide. In diagnosing psychopathic pains it is necessary to exclude simulation and to ascertain the presence, if any, of actual organic lesions.

Piqué, on the basis of his experience of the surgery of the insane, referred to the fact that in some cases the removal of a physical affection aggravates the insane state, while in other cases it removes it. He would refrain from attempts to classify psychopathic pains, and only preserve the cœnæsthopathic group, pointing out the difficulties of diagnosis. In regard to surgical treatment, he insisted on extreme circumspection. In some cases, it is true, surgical intervention is necessary and urgent; but in a large number of cases the indications for operation are opposed by psychic counter-indications. To operate may merely be to prepare an enlarged field for post-operative insanity to flourish in. Even in the case of many desirable operations it may be necessary to abstain.

Dupouy would classify psychopathic pains in two groups: (1) in which the psychopathic state merely increases the susceptibility to pain; and (2) in which, by some intermediary path, it creates an abnormal excitation.

Léri insisted on the distinction between the pain, which is a non-intellectual phenomenon, and the interpretation of the pain, which alone is the central element, while Binet-Sanglé discussed the question of the anatomical basis of pain.

Rayneau emphasised the influence of auto-suggestion, of exaggerated attention, and of emotion in creating psychopathic pains, mentioning the case of a patient who while sewing at a table dropped her thread, and in stooping to pick it up almost knocked her eye against the edge of the table; the thought that she had narrowly escaped really striking her eye, and so perhaps blinding herself, set up a violent pain in the eye lasting for over two hours.

Blondel spoke of the difficulty in ascertaining in some cases when a pain began to be psychopathic and when its interpretation began to be insane, referring to a case in which the menopause was combined with arterio-sclerosis and ideas that were at times clearly of an insane and hypochondriacal kind.

In summing up the discussion, Maillard stated that he fully shared the views of Piqué in regard to operation, but that in some kinds of psychopathic pain, notably in those of minor mythomania, the suppression of any organic cause was absolutely essential. He was opposed to any simulated operation in healthy subjects carried out in the chimerical hope of modifying the mental state.

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