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.

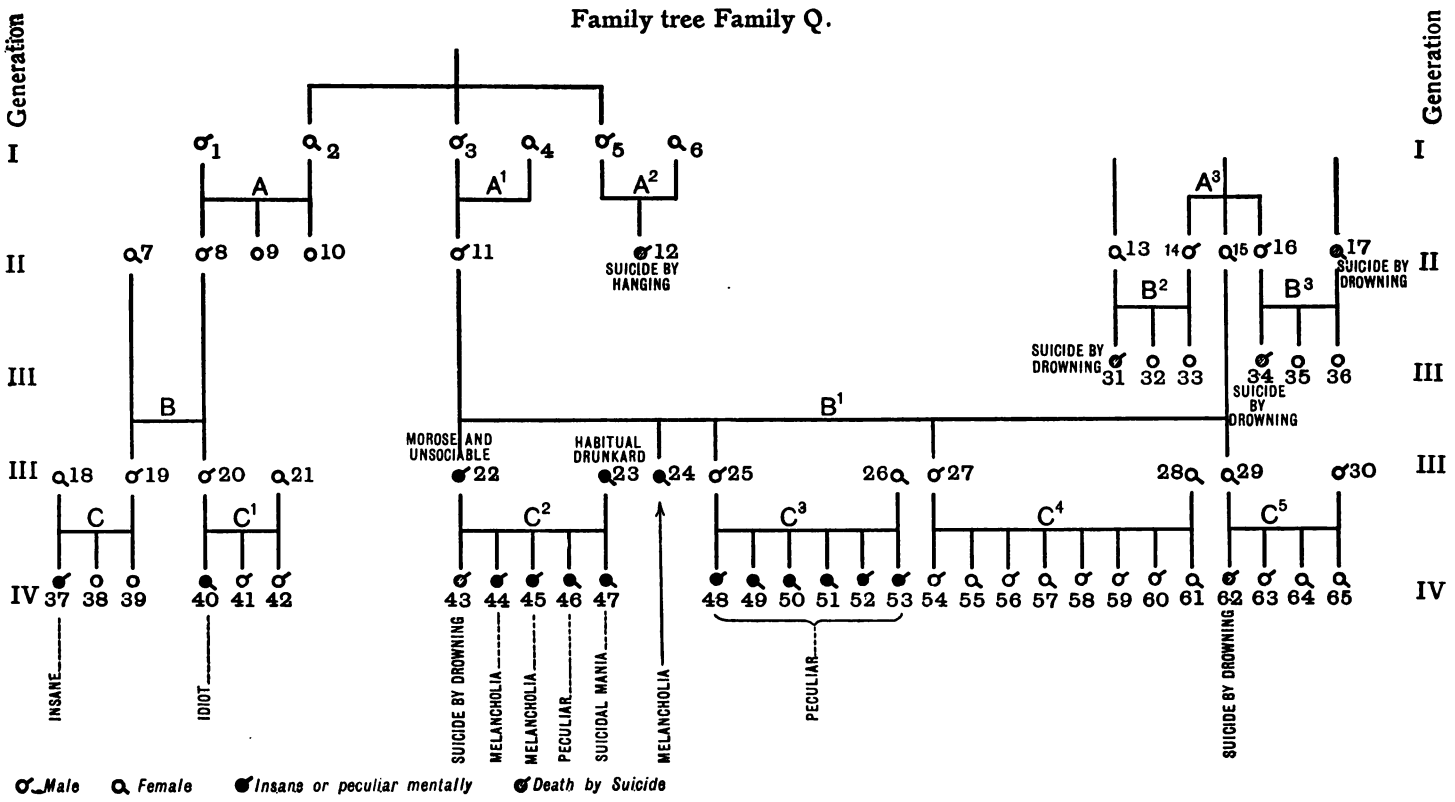
This degeneration, as a rule, is not manifest until years after infection, but occasionally, when the infection has been severe and the secondary symptoms very pronounced, symptoms of general paralysis of the insane may appear within two years, as in a case recently under my observation. In these cases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

A Family Tree illustrative of Insanity and Suicide.

By J. M. S. WOOD, M.B., Sheffield Royal Infirmary, and A. R. URQUHART, M.D., Perth.

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.



History unknown, Nos. 1, 2, 3, 4, 5, 6, 32, 33, 35, 36, 38, 39; total 12.

Reported normal, Nos. 7, 8, 9, 10, 11, 13, 14, 15, 16, 18, 19, 20, 21, 25, 26, 27, 28, 29, 30, 41, 42, 54, 55, 56, 57, 58, 59, 60, 61, 63, 64, 65; total 32.

Reported unsociable, retiring, morose, reserved, and peculiar, Nos. 22, 46; also haughty in manner, Nos. 48, 49, 50, 51, 52, 53; total 8.

Habitual drunkard, No. 23.

Suicides, by hanging No. 12; by drowning Nos. 17, 31, 34, 43, 62; total 6. Suicidal tendencies observed in Nos. 24, 44, 45, 47; total 4.

Insanity obvious in Nos. 40 (idiocy), 37 (adolescent insanity, treated in an asylum), 24 (melancholia, with religious delusions, treated in an asylum), 44 (recurrent melancholia, several times treated in an asylum), 47 (recurrent mania, with strongly suicidal tendencies, several times treated in an asylum), 45 (melancholia, with threats of suicide); total 6.

Thus out of a total number of 65 persons now reported there are 8 markedly peculiar in mental condition, 4 have threatened suicide, 6 have committed suicide, and 6 have been idiotic or insane.

Paternal Descent.

Generation I. Mental condition unknown.
II. Family A, reported normal; Family, A^1 reported normal; Family A^2, one suicide by hanging.
III. Family B, reported normal.
IV. Family C, reported unknown, 2; insane, 1; Family C^1, reported normal, 2; idiotic, 1.

Maternal Descent.

Generation I. Mental condition unknown.
II. Family A^3, reported normal, 4 (No. 17, who committed suicide by drowning, married into Family A^3).
III. Family B^2, unknown, 2; suicide by drowning 1; Family B^3, unknown, 2; suicide by drowning, 1 (this being the son of No. 17).

UNION OF FAMILIES.

Generation III. Family B^1, reported normal, 3 ; morose and unsociable, 1 (who married an habitual drunkard); insane, 1.

IV. Family C^2, the eldest committed suicide by drowning, the other 4 were more or less insane. (This is the result of the marriage of Nos. 22 and 23—a morose, unsociable individual having married a female habitual drunkard.)

Family C^3, consisting of 6 individuals, all more or less peculiar mentally.

Family C^4, reported normal.

Family C^5, the eldest committed suicide by drowning, the remaining 3 are reported normal.

Remarks.—The observations now submitted illustrate several well-known points in regard to heredity. They are specially interesting in regard to the persistence of similar forms of insanity in family histories. The Family A are affected with unsocial or antisocial mental peculiarities—a morose, shy, retiring disposition evolves in a later generation as well-marked melancholia with suicidal tendencies. The degenerate condition of the long list of cousins (29) in the fourth generation is marked by active insanity or idiocy in 5 cases, strong mental peculiarity in 7 cases, and suicide in 2 cases. Out of 6 families only one has apparently escaped, probably by the prepotency of the mother. The evil results in the case of Family C^2 are specially apparent, a deeply affected father having mated with an habitual drunkard. That the prolific Family B^1 will tend to disappear can hardly be doubted. The rapid method of suicide has accounted for two of the cousins, the asylum will protect Family C^2 from further disasters, the antisocial tendencies of Family C^3 will diminish the chances of procreation, and Family C^5 has begun badly, and will, no doubt, leave its mark in asylum records. There only remains Family C^4, and it is to be hoped that some future observer will chronicle the results in due time.

Read at the Annual Meeting of the Medico-Psychological Association, Cork, 1901.