

Medical Matters.**INSANITY AND SKIN AFFECTIONS.**

THE frequency with which rare skin diseases occur among the insane is well known. Not only is this the case, but there is an intimate association between functional diseases of the nervous system and affections of the skin. The skin of the insane generally is greasy and dirty-looking, and the complexion is sallow. The growth of the beard in the female is common among the insane, and there is no doubt that this occurrence is of bad prognostic significance. Similarly, the prognosis of adolescent insanities in the male is materially influenced by the growth of the beard. If the beard grows strong as the patient shows early signs of improvement, the prognosis is good; if it grows strong without any signs of mental improvement, the prognosis is bad; but if the beard remains downy, the reverse prognosis must be given. Again, the drugs which most influence the skin are the very drugs which most influence the nervous system. But, after all, it must be remembered that want of cleanliness is the most prolific cause of skin diseases, whether rare or common, and the distaste for soap and water exhibited by the majority of lunatics would probably go far to explain the very frequent occurrence of skin complaints amongst them, without seeking for some more obscure reason.

THE PHTHISICAL INSANE.

At the last meeting of the Medico-Psychological Association a very important discussion took place on this subject. Statistical diagrams were brought forward showing that tubercle ranked only second to general paralysis as a cause of death in the asylums of England and Wales, and that tubercle was on the increase in these asylums. It was pointed out that the only practical method of preventing the increase of tubercle among the insane was isolation. There are difficulties in carrying this out, not the least of which is the difficulty of examining the chests or otherwise discovering the existence of tubercle in the insane. These difficulties are, however, not insuperable, and it is to be hoped that the discussion in question will have the effect of instituting warfare in asylums against the ubiquitous tubercle bacillus.

Tuberculin has been vaunted as a safe test for the discovery of early tubercle, and the bungalow system at present holds the field as the best system of isolation.

MINOR EPILEPSY.

In the first issue of the *British Medical Journal* for this year, there was a very interesting clinical lecture, by Sir William Gowers, upon the subject of Minor Epilepsy generally. With regard to treatment, he points out that bromide has much less influence over minor attacks than it has over the severe one, and that it is not uncommon, in patients suffering from both forms of the disease, for the severe attacks to cease completely under its influence, but for the minor ones to continue unchecked. Cases of *petit mal* are not infrequent in which the attacks have appeared to increase in frequency on the administration of bromide; at all events, until it had been continued for a considerable time.

But many cases are favourably influenced by the drug, and it is well to give it a trial in all cases. Should it fail, the author recommends zinc, and prefers the oxide to the other salts, given in doses increased up to 8 or 10 grains, if the patient can tolerate such a dose without nausea. Borax, a drug introduced by himself in the treatment of epilepsy, he does not consider of so much service in minor epilepsy as it is in the severe attacks. Nitro-glycerine three times a day, hydrobromate of hyoscine, belladonna, and Indian hemp, have all been found of service; the strychnine, alone or in combination with nitro-glycerine, is also occasionally useful. Of these, the only two which has been found distinctly serviceable are nitro-glycerine and belladonna, particularly the former. Some are in the habit of giving this in gradually increasing doses with, in some cases, very gratifying results. Persistence in treatment is strongly insisted upon by the author, for "when there have been some months of freedom, the temptation to omit the inconvenient dose is strong, but it is then that the need for its continuance is greatest." "It is most important also to remember that patients who have previously had severe attacks are sure to have an early recurrence, after discontinuance of treatment, if they still have an occasional distinct minor attack, however slight. Whatever means of treatment be adopted, many cases of minor epilepsy will be found most obstinate, and severely tax the patience and perseverance of both patient and physician."

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