1857

Thesis

on

General Paralytic Of The Insane

By

Alex. J. Campbell

1857

Higly creditable essay received, no more comment...

++
In Herc

Protection

Case I. Edward Dickinson

II. Isaac Moore

III. John Palmer

IV. George Moore

V. George Buice

VI. John Deaton

VII. Robert Williams

They Called General Paralysis

They Called Paralysis Of The Brain

Order Of Occurrence Of The Classic Symptoms

Necessity Of Consent To Surgery

The Disease As Common In Lunatic Asylums

Means Of Surgical Mental and Physical

Outlook Of The Course Of The Disease

Course Of The Disease More Fully Considered

Course Of Death

Rumors About Causes Of Paralysis

Termination Of The Disease

Duration Of The Disease At This Time

Age Of Patients Afflicted

Age Of 60

Existing Causes Of General Paralysis

Pathology

Treatment

Tables I, II, III.
During a few months residence with
my friend, the superintendent of the Lunatic
Asylum for the County Of Here, I had an
opportunity of witnessing several cases of a
Disturbance, which from its apparently Mental
Enamor, its almost invariable course
and the uniformly fatal result, early
attracted my attention. I refer to that
form of Paralytic called by French writers
theict, by known it was first described
by Delarque, Eichard, by Japsen writers
General Paralytics or Paralysis of the Reason.

It is my intention, first to describe several
of these cases, each one under the reign
show, and secondly to make some
general remarks on the subject, in which, at least
I should to describe the cases described and the
description of other cases contained in the
volume at the end of these pages as a means
of illustration. Even by a superficial ob-
ervation the great similarity of the cases de-
scribed will be apparent. While I may make
some remarks here, for all that they are not really
on account of their presenting any character
other than mere in common, but that they
are among those Cases which, though not part of the Course of my own study, but which, by conversation with the Officers of the Asylum and by perusing the Case Books which my friend kindly placed at my disposal, I have been enabled to form a measure of complete. I must here state
my regret for the imperfect manner in which they are reported, but while they are under any observation I watch them more
by with other cases on account of the instruction they convey, and with the intention of using them for every specific purpose; and consequently the amount of assistance I derived from the Asylum Reports was necessarily
in an Institution containing between 300 and 400 patients with but a limited medical staff. It is only their being connected
with a subject in the science of Medicine as a personal experience, though limited and imperfect, as greatly superior to a
knowledge more extensive and accurate derived from the experience of others that would induce me to insert them in
their present state.
Case I. Edward Fincham, age 47


Had been a patient at Newgate Asylum since 2nd November 1852. On admission he was quiet and the gentle spirit, but his mind was of a febrile and delusional nature. Said he had committed murder and seized his property by violence. His calculation was imperfect, full of uncertainty and real fear. After two days bodily health improved, he was cheerful, good-natured, kindly mannered and very instructive. About the end of the year 1853 he became liable to attacks of epilepsy, and at the beginning of April 1854 he was for several days out of the epileptic fit, almost every seven, and quite lost the power of locomotion; still for a brief period after he was improved, could swallow his food and the same with great dexterity; but he had lost all power of his left arm and subsequently completely lost the power of his lower extremities; his appetite continued good. About the beginning of March he had again a number of epileptic fits, which succeeded one another so rapidly that there was scarcely an interval between them, and they left him in a state of
of great exhaustion and quite prostrate, fear
f ever rose made their appearance in his
finge. He lost his appetite, and gradually
became weaker till the 3rd April 1855,
when he died.

Case II. Isaac Moore.

A Criminal Lunatic, admitted 18th March 1854.

This patient had been sentenced to twelve
months imprisonment for horse stealing and
was brought to the asylum from Jud. Nothing
could be learned concerning his previous history.

On admission he was quiet but his mind
apparently much confused. His bodily health
was pretty good, but he had slight difficulty of arte-
culation. For about a year after admission
he was capable of employment on the ground;
but his mind gradually became weaker, he
was able to get of excitement, his difficulty
of articulation increased, his gait became
unsteady, losing all power to retain his
divine and peace, he became lethargic in his
deities, his bodily health became bad, he
was very subject to delirium, could not
sleep well at night; horns appeared on his


date
Case III. Miss Brice, Age 47.

Pittsfield, Massachusetts, admitted 10th July 1854.

Was said to have been of a cheerful disposition and of quiet elan and in character did not. The insanity first manifested itself about three months before admission by considerable excitement and great incoherence, and was supposed to have been complicated by a fall on his head from a hay stack. On admission his mind appeared clear but and he was very irritable, laughed in a very silly manner, and betrayed considerable difficulty of articulation; his general health seemed pretty good. After this he became unsteady in his gait and his bodily health became bad; his mind became gradually more obtuse and he was unfit for any employment. Still at times there was an
much improvement on both mind and body, but he could walk on the ground. Consequently he was unable to retain his incisions and his speech and wrote forced involuntarily. He mind became more weak and was full of delusions. He picked fire, then, leaving considerable elevation. He shook and at night, the delusions increased. He became weary and written at night. He lost all power of speech and voluntary motion; there was a fresh accumulation of mucus in her mouth, which she was unable to expectorate. He lost all power of digestion and on the 23rd December 1854 he died.

Case IV. Sarah Howe, aged 48.
Wife of a poort, admitted 16th August 1854.
Her name was considered a sick industrious person. Her insanity first betrayed itself about January. She manifested a great deal of caution in her calculations in money matters with thoroughness and regularity in her conduct. By her the nearly ruined her husband. A cause could be assigned for the disease. On admission she was quiet and docile, kept her conversation confused and bewildered.
And answered questions in a slow stammering manner.
Her bodily health seemed good. Shortly after admission she had a epileptic convulsive attack and about the beginning of September, had considerable difficulty of articulation and walked with a staggering and unsteady gait indicating a commencement of General Paralysis. After this she became thirsty. She was incapable of any employment. Her bodily health became feebler and she became subject to constipation. In February 1844 she had a convulsive attack which deprived her of all power in her lower extremities and left her bodily functions greatly impaired. After this the Paralytic symptoms increased and she became more and more feeble and helpless, though at times as restless and angry, striving incessantly against the order of the House. At that time it became necessary to confine her to a padded gown; both her extravagant delusions and cruel nature were caused of her property money and declared her to be Queen of England. Though scarcely able to articulate, very feeble and perfectly helpless. She gradually grew weaker and thought her own speech without a draught of Cough mixture and Hyoscynam, couls with

 dern
torn in bed, large quantities rose at first, though daily abused, continued to increase. By means of attention to her cleanliness and comfort, bowels in action and stimulant, etc., she continued to breathe till the 15th July 1855, when she died.

Case V. George Breeze, Aged 60.

Died, Convulsions, admitted 21st Sept. 1854.

Was a labourer in a pattern ship family for many years. His character was good, and the letters he wrote before admission he was steady, sober, and industrious; since then he had been violent and unsettled, at times giving way to fancies of intemperance. His insanity first showed itself by his cap. prayer, he had a letter right to his master's wife, than his master had, and by his writing familiar letters to his employer. On admission his mind seemed much confused; he appeared to consider himself a person of great importance, owing to his property, power, wealth and influence. His speech was almost good, but he had much difficulty of articulation, a tremor was observable about the angles of his mouth, she asked to prophylax his tongue he did so with difficulty, and

he
He was constantly in his quiet. After this he became very destitute, tearing his clothes and box clothes, and falling in his restless. His life and food became sedentary, and he rapidly lost flesh and strength, and became quite helpless. While his appetite continued good, and he was always in high spirits and free of habitual delusions, till the time of his death, which occurred on the 28th January 1855.

Case VI. John Nicholson, aged 34.


This patient was said to have been insane seven months previous to his admission. The exact cause of his insanity being very habits of intemperance. On admission he was in the last stage of general Paralysis; had much difficulty of articulation, was almost unable to walk and quite helpless, unable to retain his existence, had very much talk. He still held of alternate delusions, fancying himself possessed of largeansom of money; totally secluded, took no food, bathing feet, despite much solicitation, quite useless for any employment. After this by means of nourishing diet and often amicable, his bodily

Recovery
Health improved and the paralytic symptoms seemed to diminish; but on the 5th March he had a severe paralytic seizure causing complete loss of power, sensation, and motion. A chloroform application to the back of his neck did not affect his condition. He became naturally weaker and died on the 6th.

Case III: Robert Wilson, aged 40.

Admitted 12th February 1855.

Aged 40, had been suffering symptoms of insanity about six months before admission; and re.

Boodle, his name, was known for many years as the name of very bad character and most intemperate habits. On admission was as the excited, and talked in a confused and unconnected manner; was in the last stage of General Paralysis and could hardly articulate, was very unsteady in his walk, had an unhealthy look, tongue foul, heart foolish, and pulse disordered. After admission he was subject to fits of maniacal excitement, cried to while his fellow patients, and very destructive to glass and furniture, was half an extravaganza. Relatives, unable to be employed in any way, bid him a hail and rise. Being unable to retain his feces and urine. The paralytic symptoms rapidly
Cafferty increased, except for a brief interval when he was packed to bed, rapidly both flesh and strength were at their lowest, and he sat in a chair and slept by day and night. He was now entirely confined to bed, and rapidly lost flesh and strength. He was restless, moody, and sleeping badly at night. Several more appeared and rapidly increased on his back and hips. While his appetite continued good till the last, he gradually sank and on the 10th February of the year succeeding his admission he died.

General Paralysis was probably well known as a separate disease previous to 1826, when it was first described by W. W. Bayley and Calder; but after the writings of these medical authorities were published it soon, from its well marked character, began to attract the attention of those who now, through their care, if not constantly under treatment, it had not been previously noticed. The difference between General Paralysis and the common form of Paralysis is well marked; the latter was
affect the muscles of a leg, of an arm, of the tongue, of one side of the body or of the lower extremities, or some other part of the muscles, still it is always done by some lesion in its extent; the latter, however slight and unimportant it may appear at its commencement, soon involves the whole voluntary system of muscles; hence the name peripheral Paralysis.

Here we consider disease as important according to its danger to life which attends them. Perhaps none of these would take a higher position in the scale than that under consideration; but fortunately this disease of the body is of comparatively rare occurrence and is only found as a complication of, if possible, a worse evil, a diseased mind. They are only found with a diseased mind because, through the exceptional cases of it are described where it is said there are no mental maladies, still there exceptions are so rare, that even if they have existed which I conceive there is reason to doubt, they only go to prove the truth of the rule that general Paralysis is a complication of insanity; hence the name Paralysis of the insane often given to it in contradistinction to the ordinary forms of Paralysis, which
May or may not connect with insanity.

Again it is universally believed by those who have studied the subject that in almost every case the commencement of the mental malady is antecedent to that of the bodily infirmity, although the latter may and generally soon very quickly follow on the former; and as again exceptions are noticed by some authorities, Mr. Calvert I. Liver says the Paralytic sometimes precedes the mental aberration and it is distinguished French Psychological Dr. Seguin describes an instance of this; Mr. Beechman says the Paralytic may not begin till the patient has been many years insane. In the cases described he

Jack that generally only a brief time intervenes between the commencement of the insanity and the Paralytic symptoms is

with exemplified; John Lincoln had been only seven months insane and was already in the last stage of general Paralytic; Phineas had been only three months insane and his articulation was already affected; George Breeze had been but a month insane and he had the difficulty of articulation and stutters in
In his Fate, the first symptoms of General Paralysis; in the case of the female patient Sarah Rose, alone had the interval exceeded one year. But in searching the case records of the Asylum I found the cases reported of female patients who had been many years insane before their articulation became affected. Thus, for example, one case of Mrs. Chandler (No. 12, Table I.) had been ten years insane, and the L. K. Bacon (No. 19, Table I.), eleven years. I have and with this say the 135 had been a case in which the Paralytic preceded the mental symptoms. But we know also on this point much necessarily be unjustifi.做梦, seeking that patients are rarely brought to an Asylum when their disease first appears, and it is almost invariably on account of the mental Malady that the Physician is consulted. While the first symptoms of the General Paralysis, although not rare, they have often been overlooked by the patients, and are not considered of importance. I am inclined to think from the large number of patients who are brought to Asylums they have been in few months insane and then presenting Paralytic symptoms.
In many cases the mind and body become simultaneously affected; and that instead of looking on the Paralysis of the Reason as a separate disease, we may consider it rather as but a step in that disorder and annihilation of the functions of the brain characteristic of the different stages of insanity.

From the facts which indicated it must be clear that to the General Practitioner this disease cannot be so well known as to the Superintendent of a Lunatic Asylum; and there are several often circumstances which combine to render the diagnosis of the former liable to imperfection. In the first place, in the lecture rooms of our medical schools we hear little or nothing about it; in our hospital attendance we necessarily see nothing of it; and it is only by the humane virtues which our forefathers cultivated in order to qualify themselves for common public service, attend the clinical instruction of a Lunatic Asylum that it is seen at all.

To the General Practitioner its diagnosis is all the more important, although it may rarely meet with it still he is always liable to be convinced of all about the paralysis itself.
Hitherto, at least, about a case of insanity connected with the Paralytic. Some days ago, in perusing the report of one of the English Asylums, I met with the account of a case highly illustrative of this; a patient was brought to that Asylum, on sufferable circumstances. He was accompanied by his medical attendant, Cheyne, in hopes of recovery and been told out. The insanity was acute, and the patient in the prime of life, one mental duty and of a doubtful nature, but without any regard to his own feelings. He was removed from home, and on the assurance that a few months would restore him to health and usefulness. He was a painful task to discharge the Principal of the Asylum, and to comfort and the asylum relatives a career of insanity terminating only in death. It was the first indication of the delusion of the delusion was too apparent to the Inspector, experienced in such cases, and the interest of the patient relatives equally with the reputation of the Asylum seemed that the truth should be told. The result was that
A business then flourishing could be brought at once into the market, instead of being reduced into insignificance under the vain hope that in a few brief months its proprietor would be able to resume it again.

Now, when it is considered that this disease is not only one of the most common but enters by the most fatality of all the complications of insanity, a knowledge of it by medical men would evidently be very important as well for the good of society as for the credit of the profession. There is probably no institution for the insane of any extent which does not contain cases of it, and I believe there are as often single cases that as invariably swell the mortality of those institutions, from an examination of the obituary of the London Lunatic Asylum for 1858, while the number of patients under treatment was 487, (as shown in Table III), I find that the number of deaths from mental paralysis during the year was 16 and from all other causes combined 62. So that according to this year report, the deaths from mental paralysis would be nearly 20 per cent of the whole mortality, and this estimate of the
Proportion of deaths from Spinal Paralysis for that year in London, the causes of the 62 deaths from that cause 17 were from Acute Cholera which cannot be regarded as one of the ordinary causes of death in such institutions. Again for the year 1860 there were 438 patients under treatment. Thereviery of the same Asylum shows the number of deaths from Spinal Paraly.s to be 8 and from the other causes 40, so that the proportion of deaths from Spinal Paralysis for that year was 18.6 per cent. And in the other way for the Derbyshire Asylum for 1860 2 find that, while there were 277 patients under treatment during the year, 26 died from Spinal Paralysis and from the other causes only 15. Both figures show an increased proportion of 4.6 per cent of the deaths from Spinal Paralysis.

Although these few instances do not afford sufficient data to draw any definite conclusion as to the proportion of death among the insane which are caused by Spinal Paralysis, I am satisfied from what I have shown that such disease is very common and very fatal.

Having now sufficiently emphasized the importance of a correct diagnosis of this
not uncommon and inevitably fatal disease. With a view to a correct diagnosis, I will proceed to make a few remarks on the means of attaining it. In the Diagnosis of the Paralytic of the Disease we are assisted not only by the symptoms of the bodily infirmity but by the peculiarity nature of the delusions of the insane mind, and as it is concerning the latter that the physician is almost invariably consulted it may be proper that it should first be considered. It is a strange and interesting fact that in cases of simple Paralysis the mental delusions should almost invariably assume a peculiarity from nearly that of pride, which however may be modified in many ways. Perhaps especially at the commencement of the disease, the patient may be aware of a little more caprice or capricious than usual, or the words above become extreme and of unceasingly denote their friends in the state of poverty; again the diseases of cancer or otherwise the cause of the patient may be disease that further on advanced may take a higher stage, may carry themselves past beyond ordinary mortals. I mean may suppose that he in the
well describes the nature of
the insane delusions as gen-
ernally entirely erroneous, insane, wealth,
dignity, etc. But their known
at Commerce standing with rec-
ald moralical outcomes, soon settle-
into depression which never
paid off among the 2 83 years.
Ladies of the World is a woman that she is Queen of Heaven; often may be content with an earthly sovereignty, I recollect one poor Kentish 
reticent in the Essex Asylum who considered herself 
Queen of England and foreced of the County of 
Essex and enormous wealth; And then again 
like George Breeze may consider himself entitled 
To move in a sphere beyond that for which he 
was born in, the Place where, my conscience 
His weakness perhaps he own and pass to 
The Asylum through the hands of the law.

But the most common delusion of any 
be instilled, as in the cases of John Lincoln 
and Edward Green, that of possessing 
immense power, wealth and influence, of 
being immensely strong or of great height. 
But it would take long to enumerate all 
The various forms those extravagant de 
Lurien may assume, and the above are 
sufficient to indicate their nature. It is 
able to conclude that these poor lunatics 
suffering themselves possessed of these various 
privileges and not being acquainted with the 
care which attend them, proud to be 
Rajahs, Mouse in a contented as they 
almost
almost invariably are; or that, when they consider themselves debauched from the enjoyment of those privileges and do not receive from those about them that tribute of respect and regard they consider their due, they should be subject to occasional fits of marked depression or of Maria-ed excitement.

Now in turning our attention to the symptoms more properly indicative of the Paralytic state, namely those which are present by an examination of the bodily condition of the patient we find that they are equally well marked with those presented by the mind. The first indication which presents itself is this state in a peculiarity inherent both to the speech of the mouth and a slight lassitude of articulation; the patient seems to have a difficulty in forming the words of time he would. The speech is prolonged, there is a deviation rather than a straining in his voice. This is quickly followed by an imperfection of the last. When he attempts to walk he appears to have a difficulty in progression, a want of command over his limbs, they appear to drop behind him;
also and plant his feet firmly on the ground. This appearance may be at first eliptic but by the experienced eye is at once detected. When asked to show his tongue it appears to do so with difficulty. He makes some effort to obey the mandate of the will, he protrudes it by successive jerks and I have seen in advanced stages of the disease that it was only by successive efforts he could protrude it at all. But I need not describe the further symptoms till the course of the disease is under consideration; for a correct diagnosis the lingering in the spirit and the difficulty of progression are alone sufficient, and if these be combined with the particular forms of delusion already described we may safely say that this insensibly fatal melancholy has already commenced. I may add that these symptoms on the preceding by a fee of unconsciousness more or less prolonged, which if reported to the physician, bear with respect to his diagnosis make allowance doubtly cure; but even without this addition all indication he may at once inform those interested in the patient's welfare.
The Case is Desperate. But in the majority of cases, especially among insane patients, the disease is much further advanced before they are brought to an asylum at all and the preceding history of the case is buried in obscurity. It is true, when John Lincoln, in a state of complete delirium, the insane faculties completely restored and unavoidably fitting in their habits, they become a source of inconvenience and trouble to their friends or a nuisance to workhouse authorities. They are brought in a few brief weeks to end their days. And it was impossible to secure a cure while they had been brought in. The insanity first manifested itself they might have survived perhaps for several years, accompanied by all those comforts and conveniences which the insane regulations of such institutions are so liberally bestowed on the inmates of those institutions. The truth of the case will appear from the fact that of the 22 patients noticed in Table I, 13 having died of severe Paralysis in the Green Asylum since that institution was opened.
opened in 1850, this only were free from Paralytic
symptoms at the time of admission and in many
of the others that disease had reached its final
stage; hence the fact may be accounted for that
few of these patients continued to convalesce for
the average length of time usually allowed for the
disease to occur, its course as shown in Table I
of the Various Symptoms of Paralytic
Paralysis is invariably, the course the disease
takes or recovers itself. It is true that in
different cases it may vary somewhat in the
complications, and in the time which elapses
before its Convulsion in death. But these dif-
fcrences are generally such as can be readily be-
counted for by differences in the Constitution
of the Patient and in the external circum-
cstances by which they are affected, as a
rule we may say that General Paralysis con-
forms to an effect of the musculi of the
body accompanied by the particular move-
mability as already described, that the Paralysis
gradually involves the whole voluntary system
of muscles, while the insanity passes into
a state of Chronic Alimentic; the Patient
becomes perfectly helpless and insensitive,
and

and

...
and at length, some of the abdominal or thoracic viscera becoming affected, the degener-
mall of some of the organic functions ceased.
Having thus cursorily indicated the
several causes of the disease, I will now
describe it more in detail, taking notice of
some slight variations and complications
which it much the allowed to suffer in indi-
vidual cases. Even after the difficulty of
articulation has become apparent, the patient
may, under the proper regimen and dietary
regimen and medicie, remain comparatively
preserving any further symptoms of the
malady, as we have been exemplified in
the case of Isaac B. Moore. Now quick was
affected for about a year before any noticed
ness in his face could be detected; but this
is a rare case, and we generally find that
the paralysis of the muscles of progression al-
most immediately follows. Part of the muscle
of articulation; and it is much more common
to see the patient continue with not only his
paralytic symptoms increased or
diminished for a period more or less
lengthened after the affection of the lower limbs.
Indeed in the majority of cases which are early placed under the superintendence of an experienced practitioner, we find this to be the case, and that the patients are in the stage of the disease capable of employment more or less active, and are then enabled to take that exercise as conducive to health of body and peace of mind. However, it is only perhaps for a year or even two, but much more frequently for a few months, that, with the greatest care, the paralytic affection can be thus delayed, it gradually progresses to worse. The arms of the patient exhibit a certain stiffness, the face a look of pain, the chin has a tendency to rest on the chest, and even in the sitting posture the patient appears ill at ease, the muscles of the back and spine performing their function badly. Letter from Paralysis of the exterior or want of attention on the part of the patient the secretions escape unnoticed, and he becomes filthy in his habits. The mental malady increases rapidly passing into a state of incipient in its most ap-
Right, hearing to appear unimpaired and the functions of the merely physical life, breath, feed, the appetite and digestion good, the flesh firm and plump, and the eyes round, and under the proper treatment the patient may still sufficiently recover to be fit for employment, as in the case of Edwin Bence. But then the last stage of the disease is reached the patient is perfectly helpless and quite inanimate, often unable to continue in any but the support: posture and apparently unconscious of any thing that is going on around him, and, although as in the case of Robert Wilkes the appetite often continues good till the last, the bodily health becomes bad, the tongue is found to be foul, the heart pulse the jugular often dilated; but even after by the administration of reasonable diet and stimulants are occasionally the patient improve in mind and body, but each case is rare, his mental faculties being quite lost and the bodily health seriously impaired, the patient seems to undergo a slow process of dying. He is often as in the case of Isaac Moore subject to rheumatic, or
On the contrary like eerah Home's constipation of the bowels, but these enlargements of the
principal vein may happen at any stage of the
disease, so can also the convulsive attacks
This, as in the cases of Searl Moore and
John Dickens, often occur, or the more rare
complication of epileptic fits which I saw
in the case of Edward Heinshein. But these
latter complications are much more common
in the advanced stages of the disease and
usually a fit of unconsciousness occurs it
is most deleterious, invariably leaving the
patient in a worse state of mind and body than it found him, such,
as sufficiently illustrated in the cases dis-
bursed, resterning the onward course of a disease
which at its frequent length must be of
short duration. There are also slight varia-
tions in the mental phenomena exhibited
by the patient, some like Robert Wildman
are subject to fits of maniacal excitement,
or like John Rain and Sarah House are
saying and muttering, on the other hand they
may become greatly depressed and moan or
weep. While they appear in general to be happy
and
and contracted to the scale; the want of nervous energy is so great that they appear not to feel pain, bodily ailments, and their mental powers are so reduced that they cannot appreciate their helpless condition. But on the contrary it is often strange to witness a poor creature whose life is reduced to the lowest stage at which he can be said to exist, as in the case of Sarah Moore and John Lincoln, or even the death itself like George Burns showing indications of the presence of those extravagant delusions characteristic of the final stage of the malady.

It may be expected that in this disease the immediate cause of death would be the gradual loss of nervous energy, but things would surely reduce the unfortunate peculiarity of a state closely resembling death as far as its relations to external objects are concerned, like that, which may be described as a state of vegetation, would seem after to be terminated rather by a derangement of the organic functions resulting from the arrangement of the nervous system, and this is easily explained when we consider...
that great and all the circumstances actually account for influence which the nerve of a part have over its nutrition, and that seen the influence be removed or greatly impaired, the process of assimilation and nutrition being in the part, when energy much suffer organic change, and being their directed for the performance of the function in the recovery, react on the system causing death. This organic case of important parts was well exemplified in the case of James Fisley (No 2 Deba) in the post mortem examination of whose body an ulcer about two inches long was discovered in the rectum just posterior of the anus, and the ascending and transverse colon was studded with ulcerations some of them extending into the muscular coat. Nor is it only in the external organs, that we find a change of structure similar to the surface of the body which is very liable to ulceration, especially in advanced stages of the disease. Even the nervous energy is most impaired and the patient most helpless and filthy in his habits. The man found sometimes resemble the ordinary 20
The cause of continued pressure and
concomitant reaction in most cases the term
bed sore cannot be strictly applied to them.
They rather resemble, as remarked by J. Bachet,
"in some cases ataxicemic jaundice in some
the liver jaundice of the aged or mortification
following injury of the spinal cord, and the
latter may be described as the result of
diminished nervous energy lessening the
vital powers of the part and thus causing
its decomposition before death." As W. Pyne
observes in his lectures on mortification,
"letty we may enumerate among the causes
of death of parts the defect of nervous force.
When a part is severely injured the loss of
proportions violence, and the defective force
may add to the cause of mortification in the
old, just as the fluid blown on the tree are
deprecated, and the nervous structures also;
and defective nervous force may be in turn
counted among the many conditions favor-
able to bile jaundice, and the US more
recently the clogging of compressed parts
is particularly noted on cases when
these parts are deprived of nervous force.
Injury of the special loci or otherwise. Now although the roots of the sympathetic are known over the region of the sacrum, of the first and second and of often the third, fourth, and fifth, they are by no means invariably found over these regions. But often on those parts where the rubber cushion or pressure is in the mental and lumbar regions, and although continued pressure and even our feet pressure contribute to their production, they are often found on parts exposed to neither of these influences; as in the case of Deane Moore when the foot rested on the legs. In Benjamin Brodie in his lecture on bed sore says that, "Influence are more or less disputed to mortification as they are more or less vacated." A mean with a cushion of fat between the skin and the cushion or the skin and the seat, rubber cushion is in less danger from such surrounding tissue and the person. Although this may not occur with regard to ordinary bed sore, while it is by no means applicable to that particular class of cases now under consideration. Indeed in some cases it would seem to be exactly the reverse. They in com.
paratively much more common in those cases of general Paralysis where the course of the disease has been rapid and the nervous energy pretty diminished before first abatement has occurred. In such cases the patient is fat and heavy, the animal juices abundant and the need of the Park Rule, Rule the nervous influence or reduced to a minimum. These circumstances render the existence of internal frequency inevitable and in such cases it is acute, deep, strongly resembling nervous frequency and is quite incurable, as line of demarcation forms and we through separation the ossification spreads and the patient never recovers beyond three weeks or a month at the longest. Luckily these cases of internal frequency from the rapid course of the Disease are rare in late times. The cause of the rapid advance in the Physical or Disease of alienation of all forms of insanity, among those that complicated with general Paralysis, the course of the Disease is now generally of shorter length than formerly, and the loss of nervous energy is attended with the tissue and juices of the body are proportionally diminished.
diminished; and if it would appear that an
amount of nervous force insufficient for the
maintenance of the normal functions of the body
in a state of health are sufficient for that pur-
pose when it becomes necssary and it be
pinned up by a long and wetting climate.
Bad even in protected places as in part of
which we know fungous rolls are still exis-
ting, such as are all of the same fungous
and incurable nature as the bastard form
already described; on the contrary they are dry,
superficial, strongly resembling fungous lesions
and are often capable of cure, a kind of demon-
cution forms and a thin clear though separate
healthy secretion often end this core itself;
and not only does the core itself heal but we
find other accidental breaches of surface also
to heal, thus I remember one man recovering
from a severe case of left hip joint half way
up to his knees and of one hand, which he
had accidentally received by stretching into hot
water, while he had fungous rolls over
the caecum and hips - and we occasion-
ally find that even while the breaking
out of core is going on in some part.
After the body, the patient is recovering from accidental injuries of other parts. It is singular circumstance that while there is insufficient nervous energy for the maintenance of the normal tissue of one portion of the body, there should be sufficient for the preparation of lesions of another part. Now then comes blood, which, in itself or dry, appears to the observer as destructing began to cause little or no inconvenience to the patient, and in cases of the moist form of gangrenous leprosy paralytic patients continuing to live for several weeks with an extent of scaly scaly tissue which at accident by an accidental injury to a healthy man with this nervous system enter would have occasioned death in a few days. And little these phenomena appear to be occasioned by the same perversion of the nervous system as caused the death of the tissue and the production of the case. It would seem that this want of nervous energy which prevented either relating them normal condition, when their degeneration has advanced prevents that reaction on the system which would occasion pain in the one case and rapid death.
death in the other. This is a pathological
condition capable of throwing much light on the
physiology of the nervous system, be indicating
not only the remarkable influence the nerve
of a part have over the proper nutrition but
also their effect in fasting the deleterious
actions such local affection above a late
earness on the system. The work of nerve-
nerve influence alone is generally looked
upon as the cause of these suspenseous lues
in patients suffering from general Paralyses,
and taking into account the similar result
following injury of the spinal cord in the
parts below such injury, and also the following
the abstraction of a nerve to the parts sup-
plied by that nerve, I think there can be
no doubt of the being the chief cause, at
the same time there appears to be some
peculiarity of the system in of the part
showing a tendency to such lues. If there
is no peculiarity of the system why should
there be lues in the case of one patient
and not in that of another suffering from
the equal or perhaps greater want of nerve
force energy, and receiving the like care
and treatment? if no peculiarity of the part. 


day should one portion of the body be liable to 


dane and another equally paralysed and


subject to the same pressure and other in


ternal agencies, not liable, or it may be 


even as in the case of a patient menion


t above recovering from the effects of a


burn, scald or other accidented injuries? 


now we must only think that because 


ture does not occasion pain to the pa


tient they are harmless, they must soon


or later exert a beneficial influence, and


other occurrence must if possible be prevent 


by supporting the system by means favorabl


ig diet, attention to the cleanliness and 


comfort of the patient, keeping the body dry


avoiding continued pressure on any one part,


by means of frequent change of posture with 


were and other appliances, or if the latter 


indication is impracticable, by hardening 


the skin by such practices by the applica


ion of lotions, and by keeping up that 


proper amount of heat as necessary. 


here is a tendency to soften—perhaps I 


have dealt longer on this subject compliactio
of the malady under consideration. This it
long seem to become. But from its best interest
in a physiological point of view I could
not pass it over in a cursory manner,
and I think it but fair to add that I
then indebted for major knowledge on that
point chiefly to the admirable paper of Dr.
Buchan "the Red Cross occurring in the brain,
or athemic temper" published in the Asylum
Journal in March 1854.

Almost all authorities are agreed
that the result of general Paralysis is invari-
ably death, however, this belief is not quite uni-
iversal, for instance Mr. Colman reports two
cases of recovery, and we occasionally find
that patients believed to be cured are admitted
from Asylums; but this is seldom the case
and it is probable that in every
instance the change for the better is merely tem-
porary and that the patient when he returns
to his old habits and is deprived of that
watchful care and necessary treatment
which produced the favourable change is soon
reverted to by his old delusions, and relapses
into the state of general Paralysis as eithei-
brought back to the asylum probably in a worse condition than he was on his first admission, or actually under his charge, and I believe any superintendent of a Lunatic Asylum to be highly culpable who, if he can possibly avoid it, permits such a patient however great relief he appears to have obtained to escape from that watchful surveillance. By such alone such improvement was effected and is temporarily maintained; and if the friends of the patient should insist on his discharge the hopeless nature of the case should be explained to them and the responsibility thrown entirely on their shoulders.

The progress of the Malady under consideration is very rapid in some cases, in others prolonged over several years. Mr. Colenil says that the mean duration is 13 months, Mr. Seguin that it is from 1 to 3 years, that he had never known a case to extend over 3 years. But more, cases from the movements in the general organic conditions of Alzheim or from other causes, come exception to these are met with. No cure is for 4 or even 5 years. I believe that the average time.
time may be stated at from one year to eighteen months, which is below what generally stated by medical authorities. But then must be a difficulty in arriving at certainty at this point, because as I before remarked, patients are rarely brought to my house at the commencement of the disease and often not till it has reached its last stage; and this I conceive to account for the fact that of the cases given in table I. of Patients that have died of the disease in the Queen's Medical Corps, from the date of admission till the date of their death is the duration of the disease. The average time is considerably below even that which I have stated, for as I before remarked only two of those patients were free from recognizable symptoms on admission. On examining the table referred to it will be seen that though No. 24 lived for about three years, No. 24 for nearly a year and a half and several others for nearly a year, while the great majority died in considerably less than a year, and many in less than half a year or 26 weeks from the time of admission.

Again, in referring to Table II. we find that of the patients who died of the disease in the Derbyshire Asylum during the year 1855...
1854, though the patient No. 1. had lived for about one year from the date of admission and Dec. 20 for more than a year, still the greatest number of cases also were below the average time date; and here I may remark that the superintendents of that asylum complained bitterly in this respect for that year that patients with Paralysis were seldom placed under the care of the attending Dr. for advanced Paralytic conditions due to the advanced stage of the disease and for advanced patients. Picturing these circumstances into account, I have stated as the average duration of the disease a time interval intermediate between that usually stated from 6 to 2 years and the much shorter time which my limited experience would seem to indicate.

Concerning the age of patients, I can do little more than refer to the columns of age in Table I. Of the 28 patients, 12 were from 30 to 40 years of age, 6 from 50 to 60, 3 from 60 to 70, 4 from 70 to 80, while more than half, or fifteen were from 40 to 50, only one had exceeded 70 years. I have been able to gather little further information on this point, but from the age of patients whose cases I have found deficient in balance and from the above, I am inclined to think that if this disease occurs at all in 1
in the elderly it must be very rarely, and that it is much more common in persons of middle age than in the old; I believe very more are attached to General Paralytic dc from 20 to 50 years of age than at all other ages combined; while it is not infrequently found even in persons who have attained the three score years and ten allotted for the existence of man, there are one patient, No. 19. Table I, I have attained nearly four score years, and I can fancy the disease occurring in persons of advanced years being often mistaken for the loping gait, the tottering gait, the frothy incontinence and the natural decay of old age.

With regard to sex there can be no doubt that it is much more common among males than females, and some authorities would express it as all found among the female sex. Perhaps the superintendent of the asphyphie asylum entertain doubts of this nature, for it will be seen in Table III that, according to his report for 1855 thirteen males and only one female had died of general paralysis during the year, while the number of females under treatment exceeded that of males.
males. But when we find female patients in
between the symptoms of the disease are so well
marked as in the case of Paralytic Mumps there can
be no doubt that the opinion is erroneous.
On the other hand in the same table the num-
ber of females are found to be rarest and of female
Paralytic in the second season or perhaps in con-
junction with that of the males just at that con-
verse, there we find that in 1834 there were 4
females and 12 males while the number of female
patients under treatment was 28 and 8 males.
Then making allowance for the difference in the
number of male and female patients under treat-
ment, we would have the number of females to
that of males for that year to be as 1 to 5.
and again for the year 1835 a similar calcula-
tion gives the number of females to that of
males as 1 to 4. I am inclined to think to
large a proportion of females to old common
and that perhaps the proportion would be
nearly correctly stated at one female to
in perhaps seven males.
It would be of importance to
discover with certainty what are the existing
causes of General Paralysis or rattler of insanity
complicated
Complicated with Neural Paralytic, but as yet the point is very obscure; there are few authorities who acknowledge they have with sufficient data from which to come to any general conclusion on the subject, and those few who make the attempt are so apt to contrive their own and their work that they leave the subject in greater uncertainty than they found it: thus we find one Captain Mott in Neural Paralytic, Michael, advocate most of the cases to intemperance and moral laxity, while Dr. Coady in his lectures published in the Lancet in 1846 condenser the opinion erroneous, and that on the contrary, Neural Paralytic is most common in cases of insanity arising from moral causes, tending by moral causes to use his own words, "violent impressions made on the mind disturbing the sentiments and affective and often leading to misgovernment of the propensities." On consulting Table I. it will be found that out of 28 cases there are only five in which any cause was assigned for the insanity and in three of these the assigned cause was intemperance, one was said to be congenital, one from epilepsy, and only one from any of the so-called moral causes. Now if one foolishly
to draw any inference from these few cases it could clearly be that the chief cause of intemperance; but supposing even that intemperance did precede the commencement of the insanity, how can we any right to look on that as certainly the cause? Perhaps it might be, but I conceive that it might in very many cases be the first result of some of the so called moral causes. Perhaps some hidden evil coexisting to anyone with the patient himself, and from which he was really seeking relief in habitual intoxication, or may not their bad habit have been the commencement of the "misgovernment of the faculties" which Lady Carlisle mentions in her description of what is meant by moral cause, the "result of some violent expression made on the patient's mind." Again if excessive intemperance did frequently precede the insanity I conceive that it would in many more cases than it is otherwise rightly or well be accounted as the cause of it. If a man were seen several times in a state of intoxication and afterwards became insane it is more than probable that intemperance would be assigned as the cause of his insanity. It is a phenomenon which, unlike a sudden fit, this disappointment of some
Lawyers and judges, a second brief on the bitter pause of remove or other common cause of insanity would be apparent to many, and for allowance of the mind of the Party people are always ready to fix upon some cause and if one so convenient as habitual intemperance was before them they would all consider it necessary to seek further, one honest to seize upon that especially if no other cause was apparent. Then for instance in the case of George Brown we find intemperance assigned as the cause of the insanity although those who brought him to the asylum alleged that the father is deceased of that date he had seen of the patient. But we find in Will I think that was no other cause assigned for the insanity of 22 patients but still intemperance was not assigned are we not then entitled to conclude that at least in the vast majority of these cases intemperance did not exist and does it not follow that we are entitled to have strong doubts as to whether and intemperance being the principal cause? Again a common argument of those who advocate intemperance and sexual because as the Chief cause is that the patient man and female who are addicted to sexual intemperance are prostitutes. We find many of the a male patients usually noticed in Will I decided as belonging to that
that unfortunate class, on the contrary, they have all been married women, and the fact that their regimen is not 20 miles from London may add to the significance of this remark. Now when we find that out of 20 females there in all were an accepted cause for the insanity of more than five it much be very difficult to come to any positive conclusion on the subject. And upon this whole I am inclined to think that the opinion advocated by Eyre is more correct than that of Richardson. I believe that physical causes by which I mean intemperance and sexual excess may sometimes be the cause, but that insanity complicated with Mental Paralytic much more frequently arise from moral causes. As to whether it is ever due to a hereditary tendency I have no means of forming an opinion. A consideration of the class of persons most frequently attacked by it might be expected to throw some light on the exciting causes, but it would seem to be found in all classes of society, and by an examination of column 5 of Table I. It will appear that it is least in the lower classes as alone are treated in the Green Asylum no particular calling is more liable to it than others.
Two points remain still to be considered in relation to this disease, namely its pathological cause as deduced from post-mortem examinations and the mode of treatment employed with a view to its alleviation.

First I would briefly describe what is supposed rather than what is positively known as to the organic disease which necessarily accompanies it; for as in the greater number of nervous diseases so in this the pathology is still obscure and the opinions of writers on the subject various. This might be expected to be the case when we consider that there are two affections, that of the mind and that of the body, so completely interwoven that it is impossible the one that organic lesion may be the cause of the former, or that of the latter, and that many of the lesions discovered are known to coexist with others.

I have had little or no opportunity of investigating this subject for myself, and on consulting books on the subject I found I could draw no conclusions from the various and contradictory opinions they contain.
...I will next trace a few facts in a brief and general manner the opinions of those au-
...ontic who have devoted much attention to the sub-
...lent Paralysis" (Ray's Episcopolic) is often in-
...ication of inflammation of the meninges and
...will be confirmed with those paralytic affections which are the consequence of central
...remarkable, as cancers or tubercles of the brain
...or of trauamalism of that organ."
...he same opinion, he considers that the phenomena are all due to the com-
...pression of the brain, the result of effusion
...incing from inflammation of the meninges.
...According to this writer, the process of Paralysis
...and Hemiplegia indicate a corresponding increase
...of central compression. The state of stupor
...with obliteration of the faculties and sense
...and the existence of Paralysis in its most
...appeared form are due to the compression
...from cerebro effusion now attain-
...the greatest depth. This view is opposed
...Dum Cerebellum. Although he declares it one
...of the most striking and uniform symptoms
...the existence of a quantity of serosity in the
...cavity of the brain, varying from 6 to 8 oz.
and also in the ventricles of the brain, with he
role not give the same weight to this as
Mr. Boyle does. The reason on which he found
his opinion are the following; 1. He found the
power of effusion existing in though marked cases.
2. Similar effusion has been found to exist in
Decerebration without General Paralysis. 3. The symptoms
he did not always correspond to the amount. And when
the reverse occurs, 4. If the compression can
release the patient would be more injurious.
5. In chronic Hydropsyphalus of long duration the
quantity of sincerity is enormous, while then
the no loss of locomotive power till it has
reached the lack worse. 6. If the compression
acted mechanically it should affect all
the nerves equally, not those of the tongue,
thor of the lower brine went, but as on.
He does not therefore think that the general
paralysis is dependent on the pressure in
the effusion but on the condition of the
encephalon giving rise to the effusion,
and chiefly to inflammation.
The other terrors described by Calvand
agree in leading particular according
with the following said by Mr. Boyle, he
have existed in 100 bodies examined by him, and which he considered were characteristic of chronic inflammation of the meninges. The appearances change much with age, gravity, thickening & increased toughness of the trabeculae, extreme congestion of the pia mater, thickening of the trabeculae of the ventricles. Such also was found with fulminations, considerable effusion of serum into the cavities of the ventricles, and within the network of the vessels of the pia mater. The appearances described frequently only with mere adhesion of the meninges and softening of the substance of the convolutions, false meninges and extravasated blood. The substance of the brain was softer in a few cases, in some it was firmer, in the majority it attained the natural consistence. Now these appearances existing, the slight value of the work of storia is indicated; of the causes of general paralysis will be apparent from the following brief summation from a paper by Dr. Ched [Chedever BI] published in the Journal of Physiological Medicine, October 25, 1852. de"
found in the brains of 411 castrates, 6 of whom had General Paralysis, and showing
that lesions and how large a proportion
of these lesions were common to General
Paralysis and other forms of insanity.
1. Calvarium thinner than usual in 9 cases,
   2 of those having General Paralysis.
2. Abnormal adhesion of the dura mater to the
   calvarium in 4 cases, 1 of General Paralysis.
3. Abnormal adhesion of arachnoid to dura mater
   in 4 cases, 1 of General Paralysis.
4. Pleural effusion in the sac of the arachnoid
   in 22 cases, 6 of General Paralysis.
5. Extravasation of blood into the sac of the
   arachnoid in 2 cases, 2 of General Paralysis.
6. Organised lymph in the sac of arachnoid
   in 1 case, 1 of General Paralysis.
7. Opacity and thickening of the arachnoid in
   26 cases, 4 of General Paralysis.
8. Granular deposit in arachnoid in 2 cases,
   2 of General Paralysis.
9. Congestion of meninges in 12 cases, 4 of
   General Paralysis.
10. Subarachnoid effusion in 22 cases, 6 of
    General Paralysis.
11. Adhesion of Membrane to cortical substance in 5 cases, 2 of Severe Paralysis.
12. Paleness of gray matter in 17 cases, 2 of Severe Paralysis.
13. Gray matter of violet color tint in 5 cases, 1 of Severe Paralysis.
14. Gray matter of yellow tint in 2 cases, 1 of Severe Paralysis.
15. Gray matter softened in 2 cases, 1 of Severe Paralysis.
16. Gray matter presented limited yellow softening in 3 cases, 1 of Severe Paralysis.
17. White matter softened in 2 cases, 1 of Severe Paralysis.
18. Periventricular vessels very narrowed in 15 cases, 4 of Severe Paralysis.
19. Cerebrospinal effusion in lateral ventricles in 16 cases, 4 of Severe Paralysis.
20. Hemorrhagic deposits in the membranes of the lateral ventricles in 3 cases, 2 of Severe Paralysis.
21. Optic bodies in the choroid plexuses in 9 cases, 3 of Severe Paralysis.

Many of the authorities 2 concur in described the substance of the brain as Visions of Severe Paralysis, But this opinion is contradicted by that of Dr. Lodolly who in those cases examined by him stated
That he invariably found that there was
remarkable firmness of that structure.
I now come to an opinion which, though part
of one less known in connection with
medical literature than most of those
I have already quoted, while I consider
well worthy of attention I refer to that of
Dr. Bouchard. When I had before occasion to
mention when considering the nature of
those parenchyma common among
chronic paralytic. He considers that the
pathological cause of general paralysis

...system in an atrophy
of the entire nervous system. The cir-
cumstances on which he found this
opinion are the following: 1. That his
observations by measuring the capacity of
the cranium and comparing the result
with the weight of the brain showed the
constant existence of positive and effec-
tible atrophy. 2. That in the later stage
of general paralysis the excited motor power
became unaffected and gradually lost,
and reflex movements cannot be induced
even by electric galvanic stimulus; these
differing from that form of paralytic pro-
duced by lesion of the spinal cord, and
relying to indicate that the apparent and
different course of the Back Pain points of
reflexion were affected. 1. That in severe
Paralysis he had observed that the size and
weight of the spinal cord was consider-
ably diminished. 4. That all the symptoms
of the disease indicate a gradual and slow
decay of the nervous power.

Now provided the investigations of Dr.
Brodribil are correct I conceive we have an
explanation which simply accounts for all
the phenomena of the disease. In this case
the effusion into the ventricles and upon
the surface of the brain will not be supposed
by Mr. Sejan and Beagle. In the cause of
compression, and the result of atrophy, the
effusion being necessary to fill up the
vacuum caused by the diminution of
the natural contents of the Cranium.

Dr. Reay of the Newsham House Asylum
has noticed in several cases of severe Para-
lysis that fluid exists simultaneously
within and outside the Brain (extra-
ventricular)
ventriculitis and sub-arcachoid), along with
a more or less atrophic condition of the
whole organ. And Dr. Chee in the paper
I before referred to gives the average weight of
the encephalon of patients who had died of
General Paralysis as 4.6 oz. or 571 c.c. Mr. C.
of those patients he does not mention, but
from the rarity of the disease in the Orient
we may suppose that they were chiefly males.
Now the most accurate inquiries of Dr. John
Brod and others show the average weight
of the male encephalon in health to be about
49½ oz. This would leave a diminution
in weight in the cases of General Paralysis
of about 17½ oz. which might be the result
of the atrophy of the brain. But I am not
aware of the cases investigated by Dr. Chee
were sufficiently numerous to entitle
us to draw any general conclusion from
them. I do not know that the disease
of Dr. Bucknill's investigations have been
otherwise confirmed, and so much their.
in mind as the conclusion of the invi-
ducers and are too apt to be modified by
the previous bias of his mind. And it is
laicin to proceed from ignorance to truth than from error. Nor do I think that lessons described by several distinguished authorities mentioned in those pages can have arisen otherwise than as the result of inflammation of the brain or of the meninges. May not such inflammation be the result of the rapid effusion on so delicate an organ, a secondary result from the affinity of that organ? Perhaps in future years the rapid strides which are now making towards a more correct knowledge of the physiological actions of the nervous system may throw increased light on the pathology of this as of many other mortal states more equally strange, and the opinion of those who look on the disease as the result of inflammation may be reconciled with that of Dr. Rush. I take upon it as an etiology of the organ. In the mean time I am inclined to think the last lineament authority to rest on the disease as a Poison of the whole nervous animal system and life will be perfectly safe under that idea.
Institute a rational treatment which I wish now proceed to consider shortly.

From what I have already said it will be seen that I do not believe in the possibility of a case being accomplished in any case wherein has become established; nor do I think that any temporary alleviation of the malady can be gained by the use of phosphorus, moisture, plan, resin, salvarsan, and other remedies ever employed for the more limited forms of paralysis. Only few physicians as Mr. Bayly and Colonel Ho, consider that the disease is of an acute nature from its commencement depending on inflammation, any actions antiphlogistics have been employed. Bloodletting proved to work, mercury; but I do not believe that, at the beginning of the disease, at least, inflammation exists, and in the advanced stage the general condition of the patient most strongly contraindicates their employment. I believe that at any period they could only hasten to a fatal termination of the case which at its longest must be of
Brief duration. Along with these I would include all the chronic forms of complaint, as the actual Cantery, Retina, &c., I said that I felt inclined to adopt the opinion of Dr. Backwell as to the disease being essentially a rapidly advancing phthisis of the entire cerebral spinal system; if so, it may be looked upon as a process of dying, a slow and lingering death, still progressing to the grave. We cannot stop this advance, but we can delay it. There are few chronic diseases in which the good effects of a proper mode of treatment are more apparent. What then are the indications to be followed in this treatment? They may be reduced to four

I. Provide for the comfort of the patient

   by hygienic means.

II. Ward off the complications which we know to be likely to arise.

III. If those complications have arisen proceed to effect their cure.

IV. To support the strength. This may be done by means of nourishing diet and stimulants.
Stimulants in the constitution. The patient must not only have the ordinary daily milk of the victim of the affection. He must be allowed about half an ounce of the acknowledges of milk, very black tea, egg, potato, etc. To add, I believe the patient have more appropriate stimulants than the two latter articles, and tone in constitution. I believe that black cascara, the black pepper, and other tonics may be useful in many cases. I am not aware of these elements of food especially adapted for the nourishment of the venous system. Have been much tried, but they at least would seem to indicate their employment.

II. Provide for the comfort of the patient by various influence means, there are 1. Cleanliness. This is especially of the advanced stages of the disease. When the excretory organs to perform their function. As not easy of accomplishment. But it is most important especially when the patient is confined to one posture. Juice and wine must not be permitted to remain about his person. I would recommendablution of tepid
Write at least twice a day of practically, and frequent change of clothing, the layers of oil cloth and other coverings to prevent his excreta from cooling the bed and bedclothes.

2. Warmth. Since the patient is unable from the insufficient amount of perspired energy to generate in his own body, he must therefore be protected from without by means of warm clothing and a atmosphere of steady temperature. This is especially necessary in the severe weather of winter.

3. Exercise. This should be undertaken, but only to create the patient and in the open air in mild and dry weather.

4. All courses of treatment and medicine is likely to weary the patient, if unnecessary for the ultimate good, must be avoided.

III. To avoid complications likely to arise, among these I may mention:

1. Bedsores. These may be avoided by frequent change of position, rising bed, and often changing the coverings, cleanliness and hygiene, or perhaps when once may be necessary to change the attitude of change of position is impracticable.
2. Continuation of the Bowels. This is a very frequent
accompaniment of spinal Paralysis and
cannot be warded off by the use of Cathartics, ef
ficiently powerful to produce the desired effect.
We must therefore avoid a drain on the system.
3. Diarrhoea, is less common than the opposite con
dition, and if a tendency to it exists it must be
prevented as far as possible by suitable diet.
4. If convulsive attacks of any sort are to be
anticipated all exciting causes of such attacks
must be avoided as much as possible;
and the constant presence of an attendant
is necessary to prevent injury to the patient
from mechanical causes of such attacks.

5. A tendency to loss of appetite on one or
other hand or to excessive excitement on the other
must be guarded against by the proper
measures for mental and physical.

IV. If any of these complications have arisen
they must be dealt with according to the general
principles of treatment for such conditions,
The state of the patient mental and bodily,
being known always kept in view. In
obstructive constipation a purge may be
occasionally
occasionally useful, and heroic treatments may be necessary to check the advance of disease. I have seen good effects follow the administration of a draught of Camphor, ammonia, and ammonia. Cure has been obtained and relief has been obtained. I think I have seen benefit derived from the application of a paste to the mouth. Pain council to be second. I have only now to add that in the treatment of this most unfortunate class of patients we must not be induced to rely on our endeavors to afford them relief because a radical cure is impossible. We may consider them dying men but we must not (by withholding aid) give them the "long de pace." It is in our power to alleviate their sad condition and prolong their life, and however undesirable the prolongation of such a life may appear while it is not more miserable than many in which the faculties of the mind remain intact. May be in comparison with the insensitiveness of mental anguish of many a bedridden state of other severe and chronic ailments would be mild. We would relieve the function
But cannot do so; we can achieve the latter
and where we cannot do so. A time
may yet come when a measure will be
known not only of alleviation but of cure.

Table I (over the page)

Containing Statistics of 20 Cases of Sane
Paralysis dying in the Essex County Insane
Asylum from 2nd Feb. 1844 to 29th May 1861,
supplied by Dr. Breeding Jones.
<table>
<thead>
<tr>
<th>No.</th>
<th>Sex</th>
<th>Age</th>
<th>Name</th>
<th>Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>44</td>
<td>Mariah Carol</td>
<td>Wife of Publican</td>
</tr>
<tr>
<td>2</td>
<td>M</td>
<td>44</td>
<td>James Hickley</td>
<td>cálico</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>58</td>
<td>J. Wood</td>
<td>Widow of Publican</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>43</td>
<td>J. Keeling</td>
<td>cálico</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>58</td>
<td>Susan B. Colle</td>
<td>Widow of Publican</td>
</tr>
<tr>
<td>6</td>
<td>M</td>
<td>61</td>
<td>Thomas Parrow</td>
<td>cálico</td>
</tr>
<tr>
<td>7</td>
<td>M</td>
<td>24</td>
<td>Thomas Buttray</td>
<td>cálico</td>
</tr>
<tr>
<td>8</td>
<td>M</td>
<td>41</td>
<td>A. Fetherell</td>
<td>cálico</td>
</tr>
<tr>
<td>9</td>
<td>F</td>
<td>48</td>
<td>M. A. Russell</td>
<td>Wife of Publican</td>
</tr>
<tr>
<td>10</td>
<td>M</td>
<td>37</td>
<td>Thomas Fairan</td>
<td>School Master</td>
</tr>
<tr>
<td>11</td>
<td>M</td>
<td>46</td>
<td>J. Wilson</td>
<td>cálico</td>
</tr>
<tr>
<td>12</td>
<td>M</td>
<td>41</td>
<td>J. Chandler</td>
<td>cálico</td>
</tr>
<tr>
<td>13</td>
<td>M</td>
<td>40</td>
<td>J. Cross</td>
<td>cálico</td>
</tr>
<tr>
<td>14</td>
<td>M</td>
<td>54</td>
<td>Wm. Cobbett</td>
<td>cálico</td>
</tr>
<tr>
<td>15</td>
<td>M</td>
<td>31</td>
<td>J. Stolt</td>
<td>cálico</td>
</tr>
<tr>
<td>16</td>
<td>M</td>
<td>59</td>
<td>J. Batchman</td>
<td>cálico</td>
</tr>
<tr>
<td>17</td>
<td>M</td>
<td>56</td>
<td>J. Compton</td>
<td>cálico</td>
</tr>
<tr>
<td>18</td>
<td>M</td>
<td>50</td>
<td>Geo. Breeze</td>
<td>cálico</td>
</tr>
<tr>
<td>19</td>
<td>M</td>
<td>49</td>
<td>J. B. Fowens</td>
<td>cálico</td>
</tr>
<tr>
<td>20</td>
<td>M</td>
<td>34</td>
<td>J. Dickens</td>
<td>cálico</td>
</tr>
<tr>
<td>21</td>
<td>F</td>
<td>48</td>
<td>Anna Rose</td>
<td>Wife of Publican</td>
</tr>
<tr>
<td>22</td>
<td>M</td>
<td>60</td>
<td>Isaac Proven</td>
<td>cálico</td>
</tr>
<tr>
<td>23</td>
<td>F</td>
<td>45</td>
<td>E. Mark Proven</td>
<td>cálico</td>
</tr>
<tr>
<td>24</td>
<td>M</td>
<td>49</td>
<td>J. Bine</td>
<td>cálico</td>
</tr>
<tr>
<td>25</td>
<td>M</td>
<td>40</td>
<td>Robert Mitchell</td>
<td>cálico</td>
</tr>
<tr>
<td>26</td>
<td>M</td>
<td>45</td>
<td>J. Granger</td>
<td>cálico</td>
</tr>
<tr>
<td>27</td>
<td>M</td>
<td>47</td>
<td>E. Franklin</td>
<td>cálico</td>
</tr>
<tr>
<td>28</td>
<td>F</td>
<td>65</td>
<td>J. Franklin</td>
<td>cálico</td>
</tr>
<tr>
<td>Date of Admission</td>
<td>Date of Death</td>
<td>Time between admission and death</td>
<td>Cause of death</td>
<td>Time since admission</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------</td>
<td>---------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>10 Dec 53</td>
<td>2 Dec 54</td>
<td>16 weeks 3 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Dec 53</td>
<td>7</td>
<td>14 days 3 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Dec 53</td>
<td>14</td>
<td>16 days 0 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Dec 53</td>
<td>24 Dec 53</td>
<td>23 weeks 6 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Mar 53</td>
<td>2 Apr</td>
<td>19 weeks 3 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Oct 53</td>
<td>3</td>
<td>24 weeks 4 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Mar 54</td>
<td>22</td>
<td>3 weeks 3 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Feb 54</td>
<td>8 May</td>
<td>31 weeks 5 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Dec 53</td>
<td>1 June</td>
<td>33 weeks 2 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Dec 54</td>
<td>13 July</td>
<td>23 weeks 5 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Mar 54</td>
<td>14</td>
<td>7 weeks 4 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Dec 53</td>
<td>7 Aug</td>
<td>43 weeks 0 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Dec 53</td>
<td>14</td>
<td>38 weeks 5 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Jun 54</td>
<td>27</td>
<td>8 weeks 2 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Dec 54</td>
<td>24 Dec</td>
<td>29 weeks 6 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Dec 54</td>
<td>6 Dec</td>
<td>18 weeks 2 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Dec 54</td>
<td>7 Jan 55</td>
<td>25 weeks 2 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Aug 54</td>
<td>28</td>
<td>22 weeks 3 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Dec 54</td>
<td>31</td>
<td>6 weeks 4 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Jan 55</td>
<td>6 Mar</td>
<td>8 weeks 1 day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Aug 54</td>
<td>15 July</td>
<td>47 weeks 4 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 March 54</td>
<td>15 July</td>
<td>19 weeks 0 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 July 54</td>
<td>14 Dec</td>
<td>18 weeks 6 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Jul 54</td>
<td>23 Dec</td>
<td>17 weeks 26 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Jul 54</td>
<td>10 Jul 56</td>
<td>51 weeks 6 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Aug 54</td>
<td>8 Mar</td>
<td>30 weeks 6 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Jul 54</td>
<td>3 Aug</td>
<td>23 weeks 5 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Jan 56</td>
<td>29 May</td>
<td>18 weeks 5 days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 1 Year
Table II

Duration of Cases of General Paralysis occurring in the Berkshire County Lunatic Asylum which proved fatal during the year 1855, commencing from the Date of Admission to the Time of Death.

<table>
<thead>
<tr>
<th>No.</th>
<th>Weeks</th>
<th>Days</th>
<th>Total Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>11</td>
<td>0</td>
<td>77</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>2</td>
<td>72</td>
</tr>
<tr>
<td>4</td>
<td>25</td>
<td>5</td>
<td>130</td>
</tr>
<tr>
<td>5</td>
<td>18</td>
<td>2</td>
<td>118</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>7</td>
<td>58</td>
<td>2</td>
<td>360</td>
</tr>
<tr>
<td>8</td>
<td>1 year</td>
<td>7</td>
<td>367</td>
</tr>
<tr>
<td>9</td>
<td>51</td>
<td>3</td>
<td>306</td>
</tr>
<tr>
<td>10</td>
<td>22</td>
<td>5</td>
<td>127</td>
</tr>
<tr>
<td>11</td>
<td>24</td>
<td>1</td>
<td>83</td>
</tr>
<tr>
<td>12</td>
<td>4</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>13</td>
<td>7</td>
<td>5</td>
<td>42</td>
</tr>
</tbody>
</table>
### Table III

1. **From the City Hospital of the Queen's Lynn 1856**

   | Death from General Pneumonia | D. | 2 | 2
   | Death from All Other Causes | D. | 2 | 2
   | Number of Patients under Treatment | 30 | 28 | 58

2. **From the City Hospital of the Queen's Lynn 1856**

   | Death from General Pneumonia | D. | 2 | 2
   | Death from All Other Causes | D. | 2 | 2
   | Number of Patients under Treatment | 30 | 28 | 58

3. **From the City Hospital of the Queen's Lynn 1856**

   | Death from General Pneumonia | D. | 2 | 2
   | Death from All Other Causes | D. | 2 | 2
   | Number of Patients under Treatment | 30 | 28 | 58

- (1) 20 per cent. of the death from general Pneumonia
- (2) 18:6 per cent.
- (3) 46 per cent.