On the General Paralysis of the Insane

by Thos. Arthur
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Ever since its first notice by della Bella, General Paralysis has attracted much of the attention of physicians, attached to hospitals for the Insane, not more from the peculiar mental phenomena with which it is associated, than from the physical symptoms it exhibits. The peculiar mystery in which this disease is involved, its gradual and steady progress, its resistance to every mode of treatment, the constancy, the cheerfulness, the self-satisfaction, the happiness the victim enjoys, even in its last stage, when all resistance is in vain, has endowed it with a personal interest attached to no other
form of insanity. But also as has been the
difficulties surrounding the disease during the
life of the patient, pathological observation
has, as yet failed to offer any explanation
of the relation between the symptoms and
the anatomical lesions. Alterations have
been found in every cavity of the body— the cavity
of the nervous system has been investigated, the
Microscope, hitherto so successfully employed
in the elucidation of other diseases, has been
been totally baffled, as through changes in the
structure & consistence of the cerebral substance,
have been observed, still no writer has
pointed out any differences to be constantly observed,
but has proved a satisfactory relation between
the changes in the symptoms manifested.
This disease in one with which every
practitioner ought to be acquainted, for, as we
shall presently see, it is induced by every
form of excitement, whether the result of mere
sexual indulgence, or prolonged mental exertion.
As sources are equally numerous in May Fair
in the mercantile world, or in the fields of
philosophical speculations, and every scheme
let us first which promises to the adventurer wealth, to the political enthusiast power, to the author fame, to the man of science some brilliant discovery & reward, from so many bases from which this disease may take its origin.

Though to some writers it is a "question savata" whether General Paralysis ever occurs among females, though within our own observation, we have only been one case which could with any degree of justice be held to be this form of mental disease, we find invariably pointed out by authors, the immense preponderance of males attacked. Thus Calmette gives a proportion of 1 in 50, Esquiril 14 in 153, Forille 9 in 190, Bayle 24 in 182. And the reason of this would be perfectly obvious. In woman her home duties absorb her every thought, her life glides placidly onwards, except when disturbed by domestic grievances, her desires are more easily satisfied & her designs rarely extend beyond the limits of her household & are capable of gratification. But in man it is far otherwise. Living in the vaster society
eager either to lead or follow it in its unkind
course, ambition of destruction, dreams of power,
content of riches, or confirmed in his mental
superiority, he delimits himself wholly to the
attainment of the object of his ambition, he
sacrifices every comfort, disregards every hygienic
law, sages to idle exercise, or indulge in
those innocent enjoyment so necessary to health.
If success crowns his efforts, the system overstrained
yields to the strain to which it has been
subjected, or, if disappointment comes, constantly
bending over the destruction of his most cherished
schemes, afraid to meet the eye of the world,
he seeks refuge in his own thoughts. Left
to himself, he is unable perfectly to appreciate
his position—out of the remnants of his
former fortune, in day dreams, he rebuilds
what has been so rudely thrown down, and by
constantly dwelling upon them, induces a stream of
morbid thought which may lead directly to that
stage immediately preceding the declaration of
the disease, which, not marvelly, has been
termed the incubation.

Though the daily increasing causes
of excitement must necessarily multiply the frequency of General Paralyses, it is not strictly speaking hereditary. It is never transmitted from father to son, in the same way as other forms of mental disease. We do not see it appearing in several successive generations as certain forms of insanity or dyscrasias have done. There is no instance resembling, for example, the well known case of the Wood family—the last representative of which is still an inmate of Bedlam, for an attempt made upon the life of the Majesty, when the Grandfather, father & son severally believed themselves to be St. Paul. It is never the less, however, equally connected with nervous disorders, and though not directly transmitted, one or more members of the family will generally be found laboring under some form of nervous affection. Of 96 Cases at Boyle Hospital, hereditary predisposition in 36; Caloi, in 18 out of 62 cases, states broadly that there is no trace of nervous disease, and in 4 Cases out of the 62 he alone found the parents laboring under insanity, though in 9 other cases other relatives were affected. But
Clinical Lectures delivered by Dr. Pierre at the Norwich Institution during the summer of 1852.

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he gives an example, and in these authorities, acceptable to myself, or within my own knowledge, have I been able to discover any instance where both parent and child have been affected with this form of mental disease. The general Paralytic is stated never to propagate — the asepstre tendency never exists in them, & salacity, indeed, is not one of the features of this disease. The patient is too much wrapped up in self, lives too much in a world of his own creation, where the afflicting play no parts, but everything ministers to his dignity of power. To take cognisance of the passions, and herein may perhaps be discovered a salutary check upon its increase. In the present exercise its much influence upon the physical & mental condition of the offspring, as is now generally recognised. This disease ought to have increased in a much larger ratio. Some observations, published in the Revue Medicale, indeed point out a progressive increase amongst the bourgeoisie, easily comprehensible from the extended sources of excitement. More easily acceptable in the lower classes, steadily increasing: but on the other hand, idiocy
has been amongst the Aristocracy, where it is
of more frequent occurrence, it has remained
stationary, though varying exceedingly in different
years, being as low as 1 per cent in 1837, and
1857 reaching 36 per cent, a change more to be
attributed to the political agitation
of that period. From the statements however
now made, we do not wish at all to derogate
from the former usually attributed to hereditary
pradispansion, but only to point out, in the
individual of a family who unfortunately suffers
from General Paralysis, the Mental Ailment,
apparently have reached its highest
development — to have exhausted itself in the
individual, that when insanity occurs
in the succeeding generation, it does not
spread it under the same intensity, nor possess
the same hopeless character.

The causes which produce this disease
may be divided into the innate or excitant,
though the first may undoubtedly become the
latter, if long enough continued. The innate
may again be divided into the natural and
acquired, and of the former that which
holds the first place in hereditary predisposition for it presupposes a vibration of the Constitution with a tendency toward mental disease which, in strong expression may light up or develop. Temperament, also exerts a powerful influence as all observers have shown, and, as a consequence, the subjects of high and intense insanity are generally in possession of a sanguine temperament, a phlegmatic habit of body, a strong robust Constitution, and a well-developed muscular system.

Scripta non mota: other medico-conditions of the blood are also pointed out as powerful predisposing causes. It is, however, of course, difficult, if not impossible, to give any satisfactory reason why in one family affected with the former, one member should suffer from Mania, another from Phthisis, and, a third from General Paralysis, instances of which were adduced by Dr. A.T. Brand in the Course of Clinical Lectures previously referred to. In them Eulogia under the disease at present under consideration, when
complete absence since xxv 15 810
Investigations have been made into the condition of the blood. No striking defects, in any of its component parts, have been demonstrated, none to which the characteristic phenomena could exclusively be referred. Thus in an analysis made by Duchesne, apparently in every stage of the disease he found "an increase of globules in the majority, in a minority they are in normal proportion, in a small minority they are deficient. The fibrin, in a majority of cases maintains its physiological limits, sinks below these in the minority, rises above them in a still smaller minority. The solid matters of the serum, organic and inorganic, are in a normal amount in the majority of cases, and not infrequently in a slight minority. The organic matter notably diminishes in a little less than a third of the cases. The water is in excess in a slight minority. Thus, however, the acute in as only the proximate or direct cause of the secondary phenomena. The increase of globules far from being inherent to the essence of the disease, depends upon purely
Contingent causes e.g. the male sex, Langton's temperament, strength of the constitution, age, appetite & activity of the digestive organs. The diminution of the globules, sometimes reduces attacks of Convulsions or Epilepsy. The increase of fibrin often coincides with Epileptic attacks & with several other symptoms of acute inflammation of the brain & its membranes.

The spontaneous diminution or insufficient formation of the Allumen of the Blood has probably something to do with serum effusions which so often accompanies the brain during the later period of paralyses. These are as Mr. Mechea remarks rather the proximate or direct causes of the secondary phenomena, but that there is a relation in the plastic force of the blood is evident from what occurs in the progress of the disease. As it proceeds the body gradually loses its power of resistance to external circumstances, though the patient, later an adequate supply of nourishment to the last when all appreciation of its quality is impossible, still be observe the gradual destruction of these parts.
Whenever the patient feels ineffective, and as every effort to repair the destruction is ineffective, we must suppose some marked though undiscerned defect in that fluid best adapted for this purpose.

Another cause supposed to exercise an influence in the production of General Paralysis which has been frequently brought forward by authors is climate. Known to have so powerful an effect, both on the physical and mental constitution of the individual. But here again results do not bear out what might be expected. Inhabitants of Southern Clinics, with warmer temperatures, differing so essentially, from those of more Northern Latitudes, where the feelings thoughts are more under control, have not been found by investigators to have subject to this disease. A more recent theory has, indeed, been originated in this topic by one of the most distinguished French psychologists, M. Boullonger, who imagines it has been overlooked and described by authors under the name of "Meningeal Center" a very common affection. Observers, however, of equal weight.
have expressed a different opinion. Esquirol thought it extremely rare in the South of France, Italy, and Guérin considers it entirely absent. And apart from the mere physical symptoms described as being present in the disease just referred to, I can incline to agree with the last mentioned authorities. General Paralysis I hold to be especially a disease of high cutting intensity of thought or great excès, but of the passions most strongly alive in the minds of the inhabitants of the South. Then the feelings of love, revenge, pleasure are most predominant. Little else forces them from their habits and indolent existence. They want the stimulus existing in those two nations when the disease is most prevalent. Their patriotic movements are but partial, their love of glory is rarely roused. Their benevolence is limited not to paroxysm, bestowed on communities national; they are mixed up in its great mercantile speculations, even their love for science literature is partially developed. It is not amongst such a people he should expect to find this disease. It is of too high
a type to be general. However, powerfully, the pre-disposing causes may be existing in such countries, in hand that intensity of action absolutely necessary for its development. The constituent of high civilization of the other pre-disposing causes which act in the production of General Paralysis, it will be impossible to speak at such length. It may, however, be stated, that any functional or organic disease, acting on a constitution predisposed to nervous disorders, or melancholy, may give a tendency to this form of insanity which any exciting cause may, at once, light up. But these diseases, more particularly enumerated by authors, are an apoplectic condition of the body, hypertrophy of the heart, in females, cardiac and nervous arrangement. Age too must be taken into consideration, and in final, as might be expected that it attacks individuals in the prime of life, when both their physical and mental powers are in the highest state of development. Mr. Ballenger who seems carefully at this point, gives the average at 42 years in man, 44 in females. In two cases
he only meets one below 20, and even before 30, he met with 0; but in 15 patients under this care. M. Calmeil's cases give an average of 46 years in both sexes, from the instances under my own observation. Though these are not sufficient in which to found a true statistic, I am inclined to believe it is principally met with towards 50. M. Rodenrique, who states, it is rarely seen before the age of 25, more frequently between 25 and 30, says it increases up to 60

than diminished. He knew instances three cases, he met with before 15, but two of these were idiots. The other was a child of 3 years who had previously suffered from convulsions.

With all deference, however, to such a high authority as this gentleman undoubtedly is, it is scarcely possible to imagine its existence in individuals of extreme youth, when there could not possibly be any conception of those convulsive ideas which constitute one of its principal symptoms. We are therefore more inclined to believe, these children colored some of those diseases very similar to General Paralysis which only the most careful investigation of the
physical symptoms, serves to distinguish

It is now proper to take up the acquired
Causes of the disease, under which I have noticed
all those circumstances which could have no
Congenital relation, or of which it is diseases
acquired through the excess of the individual
that.

It has been alleged, General Paralysis
occurs most frequently amongst Military Men,
though doubtless have, with reason, been thrown
upon this statement. It is indeed true of the
cases enumerated in M Calmeille's note which
contains the largest collection of facts we have
upon this subject. Of the 62 cases addressed by
him, more than a third of the Murder, twenty-two
men soldiers or had previously served in the
Army. The period however, at which his work was
written is, to my mind, a sufficient explanation
of the fact. France was just then recovering
from the awful retribution of the empire,
when every man placed his only happiness in
Dreams of Military order, and, at the time
M Calmeille commenced his contribution, those
who had a peculiary tendency to this form of Mental
Arrangements, had one of the most powerful.
pre-disposing causes acting against them, age, they
would, in fact be at that age when the maximum
of cases occur between 35-50. But, on the other
hand it is not to be denied, the life of a soldier
is specifically fitted for the development of such
disease. Except when on duty his time is almost
entirely at his own disposal, the life of a
manoeuvre presents little stimulating. A healthy mental
event, while his leisure leads him to find a
place in one of the most profligate causes, indulgence
in debauchery.

Next to those engaged in the
Military profession, General Paralytic is most
frequently met with in Merchants, Clerks, Revenue
officers & miners, in all of which a relation
may be traced between the mental and physical
symptoms. In all of these occupations the
Nervous system is placed under the most dis-
advantageous circumstances. On the one hand
then in the close heated atmosphere of the
Counting House, backed by constant mental
strain, accompanying mercantile speculations,
the predisposing to the proper performance of the
healthy functions of the body, whilst on the
other, there exists an equally unnatural mode of life, an exposure to the damp and unwholesome midnight air, with its depressing influences, in an almost subterranean existence, when united to the former agencies that in the constrained unnatural position in which the individual worker, a recognized source of congestion, the intellectual tempromentant habits of this class & the inhalation of gases, the most deleterious to the system, capable of persevering a healthy constitution. Next to these occupations just mentioned General Paralysis is found most frequently in glassblowers, cooks & bakers in metals, but as the consideration of the influences to be found in these professions would occupy too much space. Then to two of the most important causes of this disease Intemperance & General Indulgence.

The influence these two habits exercise on the development of General Paralysis has been recognised by all Psychologists, and an analysis of the larger mass of facts placed before us by Bayle & Calmeil amply verifies this statement. Of the 62 cases recorded by the latter writer, 20 can ascribed to Intemperance.
11 to Sensuality. 7 of the 63 instances mentioned by Beyle in his attributed to Syphilis, 11 to Nervous erup. of the other instances scattered through the different works within my reach I found, one or both of these causes have contributed to produce the disease. Indulgence in stimulants acts in producing cerebral congestion which plays such an important part in the development of this malady, the tendency to which is increased by every repetition of the indulgence. There is too in the different stages of intemperance a remarkable resemblance between it and some of the leading features of this form of Paralysis. They usually begin by an embarrassment of the Speech, a headache in the limbs, and a delirium of the same nature. This state, known which is only temporary in those not confirmed in alcoholic indulgence, assumes a still greater resemblance to the disease under consideration in the habitual, and in such it has been accurately described by Dr. Stuss, under the title of Alcoholicus Chronicus. This has not infrequently been mistaken for Syphilis.
This description has been taken from a variety of sources, partly from personal observation.
Paralysis in its earlier stages, to establish a correct diagnosis, may often be of paramount importance. I propose to consider in brief the possible symptoms of these two maladies.

In Alcoholic Amnesis Chronicus, the disease begins in the fingers and toes, in which sensation appears to be blunted before any actual loss of power takes place. Gradually this condition extends to the knees, but there remains stationary the difficulty experienced in walking by the patient. In Alcoholic Paralysis on the other hand, the whole limb is affected, the difficulty in progression is not so much marked by weakness as by a want of coördination in the different movements to which the individual addresses himself. In the early stages of both these diseases, a tremor is one of the earlier symptoms, but a decided difference is remarked in regard to their degree of persistence. Thus in that the result of Alcohol is well marked, easily visible, and extends throughout the body, whilst in the Paralysis of the Insane, it is more limited and only seen...
in the arms, legs, upper lip & tongue. This trembling
so, in these parts more particularly connected
with expression, the function of speech, affords
the careful investigator one of the not least
certain signs for a correct diagnosis, for whereas
in alcoholismus the difficulty of pronunciation
is never proportional to the tremor observed in
the lips and tongue, it is more intermittent, being
greater in the morning, then after a period
free from indulgence, in General Paralysis
it always bears a direct proportion to the difficulty
of articulation.

Other distinctive differences also
present themselves in the organs of general
sensibility, but by far the most im-
portant is the anaesthesia accompanying the
loss of power in alcoholismus. In this disease we
find it varying, from simple dulness to an
almost entire abolition of sensation in the
hands, feet, forearms, & limbs. In general
paralysis again, according to Falret this sign
in lip pronunence is in some cases but
exceptional. In both diseases are seen frequent
atraction of congestion varying exceedingly in intensity.
and in regard to these Dr. Lacaze remarks, that in alcoholism they are not followed by any aggragation of the symptoms, they are generally so in the Paralysis of the Insane.

A very remarkable feature in alcoholism, and one needing particular attention is the hallucinations. They are constantly presented to the eye, sudden flashes of light, dark specta, or actual illusions which are rarely met with in general Paralysis, or, if so, are alluded to with delight and pleasure, and a confidence in their reality, whereas those who have been addicted to inducements, they give pain, are appreciated as mere delusion. The illusions have more distinguishing features as to be found in the mental phenomena which may be broadly indicated in a few words. The individual suffering under Alcoholism experiences a sense of the intelligence of which he is conscious, he is hypochondriacal, complains to all around him, miserable and unhappy. Night and day strange visions present themselves to his sight. He sees the most loathsome creatures crawl over his body, watch him, piercing in upon him, serpents
Some themselves around this belief, or he is in a constant
fear of falling over immense precipices, whilst strange
voices and still more awful words are whispered
in his ear. In general paralysis on the other hand
we have the very reverse of this picture, a perfect
happiness, a quiet self-satisfaction and if vicissi-
ous do occur, they are generally of the most delightful
healing nature.

Time, however, more strongly than either
the mental or physical symptoms, marks the
difference between the two diseases. In the one
a cessation of the indulgence at once stops its
progress in the demon, the fear of death, the
digestive disorder, a constant accompaniment, rapidly
disappears and the patient attains the highest
healthy point, until he once more oversteps the
limits of prudence. I have frequently
observed however, individuals who have been so
affected are entirely incapable of any prolonged
effort of the will, or intense mental application.
That the slightest variation in their daily routine
of duties renders them unhappy, whilst they
are totally unfit for the struggle necessary to
secure them an independence and are devoid
of all self reliance. In general paralysis, on the contrary, the disease marches stealthily onwards, with few exceptions through its different stages. Having treated at such length the predisposing causes of General Paralysis, we now proceed to mention those which may excite this disease. These are to be found in all strong mental impressions, whether intellectual or emotional, whether of joy or sorrow, pleasure or pain. The sudden loss of any object of ambition, the attainment of any object of ambition, however flattering, the prospects of occupying a more distinguished position in the profession chosen by the individual or the death of a child are all capable of producing this malady.

It might here be proper to consider some of the questions in regard to General Paralysis which have been so amply discussed, such as whether it is a complication of every form of insanity, whether it exists with or without delirium, etc., but as this would occupy too much time I proceed to the consideration of the disease. But here a difficulty arises. How does General Paralysis
first show itself? Is what symptoms is it without it? Is the stage in which we find it in actually its commencement? We cannot think so, for it is almost impossible to imagine such important lesions can take place in the embarrasment of speech or the tending of the limbs, without some important phenomena being presented to an experienced eye. Presuming, however, to these symptoms we have no definite observations regarding the disease. From the insensible, insensible manner in which it is ushered in, friends do not take alarm and it is only after the commencement of some act, the unappropriateness of which cannot be overlooked that the attention of the family is attracted to the patient brought under the eye of the practitioner.

My own knowledge of the symptoms presented by those laboring under this form of Insanity, previous to admission into an hospital for the Insane, are founded only to me, but as every part in regard to such affecting a of the whitest importance I have not hesitation in introducing it here.

A Bander, 67 1/2. Married that childrer. In youth his expectations were good
& an ample competence seemed to warrant his Majesty.
He kept two ponies & was exquisitely fond of horse
field sports. His fortune, however, visited the
family, she was forced to resign all his favorite
amusements & betake himself to the hunting
horse from which he rose to his present position
After his appointment he married & endeavored
to add to his income by calculating life insur-
ance, by means of which he acquired an income
more than sufficient for his wants. His life was
calm & free from every indulgence of his de-
crived by his wife. He left home at 10 A.M. &
returned from his office at 4 p.m., devoting his
evenings, in summer, to walking, in winter to
leading to his family. About a year ago a change
was observed in his demeanour. His memory
became affected. He suffered from great
drowsiness. He would invite persons to dinner
& forget he had given the invitation, or if he
remembered he would immediately after it, conclusively
leave the room, and when sought for could he
found in bed. A few soon after discovered he
had recorded the Jr & Sr columns in his
ledgers, whilst at the same time the drowsiness
and all hope increased, the manifest little interest in what he formerly most appreciated.

A new feature shortly presented itself. Though better to his moral character had been

shewnly, he now committed the most indecent acts in the most public places. His physicians advised

travel. The left for Scotland when the opinion of

some of the most eminent physicians was obtained

in regard to his condition. They recommended rest and

freedom from all mental labor. This however
did not produce any effect, and incident which

occurred in Edinburgh appeared at last to indicate

the true diagnosis. One day left his hotel and

went to the Royal Bazaar when the rooms were

advertised for sale. After carefully inspecting them,

concluded a bargain with the proprietor, purchasing

at the same time, a phaeton which he thought

would be suitable for his purpose. This transaction

involved nearly a fifth of his, it caused him
to be placed under some active surveillance, but

just before he had drawn on the bank he

represented a considerable sum.

Oct. 1857. At present the last suspense, the tendency

to indulge in sleep still continues. When he is
The observations for the description of General Paralysis which follow were made during a residence of four years and a half in the Crichton Royal Institution near Dumfries.
Raised however, it has any purpose in view he walks
with the greatest rapidity as if the object must
be obtained at once. He is quiet in his manner & per-
fectly docile in the hands of his nurse. He is in
solvent health.

General Paralysis appears to divide
itself into four distinct stages which may be very
appropriately designated from their most prominent
symptoms. Thus we have

I. The Stage of Paralysis
II. The Stage of Mania
III. The Stage of Convulsion
IV. The Stage of Congestion.

I. The Stage of Paralysis:

The first symptom recorded by
the most careful observers & one on which con-
siderable weight has been laid, consists of irregularity
in the dilatation of the pupils. In this case however,
I would not be inclined to form any prognosis, for
though I have never been a case of General Paralysis
in which it was not present, still it is so apt to
occur in perfectly healthy individuals or from
disease of the eye it is to be met with so frequently,
in other forms of mental disease that implicit
Confidence cannot be placed upon it. But, when it is associated with impaired articulation, there can be little doubt of the nature of the malady. The first distinct symptom, indeed, is this want of power in the coördination of the muscles of voice expression, accompanied by a want of vivacity in the countenance which, if carefully examined, appears broadened & flaccid.

In this state the patient has difficulty in expressing himself. When about to address you, then in a quivering of the lips, a twitching of the corners of the mouth, a tremulousness of the Zygomatic muscles. If his emotion is very great, he may fail to make himself understood, to pronounce a single word. Should he succeed in doing so, he gives utterance to his thoughts with difficulty. Some words he cannot articulate; others he stutters upon; if pressed to repeat, some he forgets altogether, introducing others bearing no relation to the idea he wishes to convey. A verb may supply the place of a noun, a preposition of an adjective. In others again, there may only be a defect in the pronunciation of certain words, syllables, or letters, by means of
which the words are interrupted, the first part
only being pronounced with care, the latter, as
it were, by a desperate effort. The articulation, in
fact, bears no slight resemblance to that of a
Drunkard in the first stage of intoxication. Not
infrequently, a definite form of expression takes
possession of the Paralytic. He has formulated certain
expressions which he either repeats almost constantly,
or introduces as frequently as an opportunity offers,
or any difficulty occurs, in his part, in nothing
himself understood. These sentences are generally
repeated. If full, are pronounced with some em-
phasis, and are undoubtedly pleasing to his ear.
The limitation of language, however, proceeds to
a greater length. No words may remain except
those of a certain class as substantives; in one
case it is actually on record in which only these
were used. Often this defect is carried still further.
Only one end may remain, and such was really
declared in a patient who, to every question addressed
to him, replied in the monosyllabic "Shuff"
Curious as these manifestations are,
we find similar indications in the writing
of Paralytics. Often of a careful examination.
of their written documents we may be able to foretell the recurrence of the disease. In them, in at first, find, perhaps only a single letter omitted, then certain syllables, generally the penultimate, are forgotten, next the articles are not wanted, and lastly, as in speaking, whole clauses of words disappear. At first I was inclined to attribute these defects to mere accident, the rapid calligraphy of the writer, a true peculiarity, from a specimen I possessed, in which the patient had carefully hand over inserted the letters omitted. Further investigation, however, showed me none of these were sufficiently satisfactory, and I am now inclined to believe the defective pronunciation and calligraphy are to be similarly explained.

In writing, as in speaking, we pronounce the words thought inaudibly. It is the same mental sweep accompanied by a double mechanical act, that of articulation and that of transcription. We have been in regard to the first of these. There are interruptions in the delivery of words, to use a French idiom, they are "entrecoupé." These words are, in fact, it appears to me pronounced with most difficulty which contain the greatest number
Dictionnaire de médecine et de chirurgie
Mental Alienation & Foirelle. 7500
of continuous consonants require the aid of both tongue and lips to give them distinct utterance. In support of this, I may mention, Todere, in remarking upon this point, though without recognizing the relation I have referred to, states that "Pronunciation is a great difficulty in pronouncing certain letters, as the Rs, as they roll them about in their mouth." And, though my attention was devoted toward this point at a late period, I do not doubt that an alphabetical scale might be formed, with the letters of the class of consonants requiring the most delicate movement of the lips and tongue as its highest indication, with the clearest and most distinct. Now to apply this to reading. The same difficulty undoubtedly occurs in the act of pronunciation during the act of composition. The paralytic will pass over certain letters, feeling them as in ability to pronounce them if the four following the mental powers, imitating the defect they bear, the letters are omitted.

Before leaving this subject let me ask, as there exists an imperfect recognition of the rules of orthography whatever may be the explanation, does there come a period when there is a definite apprehension of the relation of objects? In a patient, by profession
Baillarger: *Annales Psychologiques.*

I may state I have never been able to recognise the symptom thus referred to by Dr. Baillarger.
an artist who, believes himself to be Raphael, though
endowed with still greater power, whose whole life
is spent in the worship of an ideal form named
by him Martha, it has of late been observed that
his pen first dasters, remarkable for their artistic
beauty and delicacy of manipulation, have this singular
peculiarity. In the midst of a valley intended to be
far distant, or, on the tops of mountains, the
figures subjects introduced are disproportionately
large, giving the whole scene, exquisite in its details,
a grotesque appearance and no slight resemblance
to the Sketch of the great moralist of the eighteenth
century, known by the name of Hogarth, Perspective.
This indeed may be only a peculiarity, but the
patient is certainly not in that condition when
capture is apt to exercise a foreign power.

While these symptoms are being
gradually evolved others are developing themselves
in the different members of the body, but that
observed at the earliest period is an affection of
the extensor muscles of the forearm. This, however,
is easily distinguished from lead poisoning to which
by a careful observer, it might be attributed. Incidence
as in this condition there is aatrophy of these organs
and the hands are placed upon the wrist, whereas in General Paralysis a peculiar vermicular motion is present, described as beginning at the elbow and extending towards the distal extremity in a regular waveform in exception, though the fingers undoubtedly exhibit a tendency to flexion, still the joint movement from this would here to distinguish it if any doubt remained. In fact, according to M. Bailleul, more resembles a movement dependent on the power of what is called a centripedal, resident in the muscular fibres themselves than a nervous phenomenon depending upon irritation. Any attempt however, at an explanation has never, so far as I am aware, been made.

Much discussion has arisen in regard to whether the disease has an ascending or a descending origin. Galvani says expressly, "the upper extremities present a distinct effect of paralyses. Mr. Wynn states, in the cases he has observed, it has appeared to him with an acute hallucination, whereas M. Lallement and Roderique held, on the contrary, the progress is from above downwards. With neither of these conclusions, however, can I exactly concur, they seem
To totally at variance with what is observed at this stage of the disease. In observing the individual narrowly, we find the following indications. The patient does not lack strength; he is in good bodily condition, but his movements are possessed of an irregularity and want of coördination. If you ask him to pick up a pin, the act is perfect so far, but he lacks the power of guiding the hand and fingers precisely to the spot where it lies, so that it is only after many fruitless efforts he succeeds in his endeavours. In walking, similar phenomena are observed. In progression the gait is uncertain. The paralytic does not at his feet down with the precision so characteristic of the proper performance of this act, but it comes to the ground apparently, as the mere force of gravity. On account of this, we find, the slightest obstruction may throw him over, the slightest obstacle may throw him over, but moves from side to side. Then in a difficulty in balancing the trunk upon the pelvis, so that sometimes, which is of the disease uncommon, he appreciates his difficulty and endeavours to walk with a dignified majestic air, espoused in vain.
to conceal the defect under which he labors. Now what does all this indicate? Not, I appear to me, that the disease has either an ascending or descending progression, nor that the superior and inferior extremities are simultaneously attacked, but that those muscles, more particularly under the direction of the will, requiring the finest adjustment, are first affected, whether in the superior or inferior members of the body, a statement which in further course out of the fact that the muscles of the back, chest and neck are, at this time, free from every symptom of paralysis.

Both sides are, however, but affected to the same degree. The patient, to-day, may be observed to drag the right limb more than the left; tomorrow, the right may be least affected. All these symptoms again may be lost sight of for a few days, even weeks, but are generally found to return with renewed vigor of still greater intensity. They can also keep marked in the morning than as the day advances, occasionally too, at this period, the patient suffers from partial triceps' muscle attacks, which are of frequent occurrence, and, when he does so, he complains,
Salut, Recherche sur la Folie Paralytique 115
of a general headache, as is conjured on at Falset,
Remarked to Mr. Verkey and he is led inclined to
more about, maintaining our patience until he is
disturbed. He is, with difficulty, to converse.
Though, on other occasions, he is always
ready to participate. This condition rarely lasts
longer than twelve hours, occurs at irregular in-
tervals; in those cases I have been, though it may
be periodic, the patient emerging from them
without any marked mental or physical deter-
mination. On one occasion, I may remark I
drew the true catalectic condition developed,
during which the patient manifested all the
peculiar symptoms of this malady.
During this period the catalectic
appears not only in good but robust health
while the functions of the body are performed
with regularity—the digestion is good—the
sounds regular—the pulse natural; it may be
slower than usual; the respirations are calm
and profound.
Nothing could perhaps better
illustrate the mental condition of this class of
the insane, at this period, than the following
An anecdote I have heard related by a Medical Superintendent of a large hospital in the North of England. He possessed a patient in excellent health, laboring under this disease but not displaying its characteristic symptoms who, when asked his name, or if it was demanded of him if his name was Smith, would reply with the significant hesitation, Yes, "So-o-old-Smith." This word gold, indeed, enters into all their ideas. Their whole thoughts, are occupied by its fancied possession. It might almost be said to be characteristic, for whatever other delusions the patient may have in regard to his power and dignity, it is always present. They revel in a perfect El Dorado of health and find much pleasure from the elevated position of King, Pope, Emperor, etc. He is the deity himself to tell you of their immense wealth. A poor calico printer possessed £1,200,000; a collier knew there existed veins of gold under Burns' Haustellung, which he had arrived to open, a tailor possessed a golden city under Glasgow Green, whilst a foundry, looking round with the most perfect self-satisfaction, declared "It was all his..."
Their possessions, however, are not
set apart for mere self gratification. They are liberal
to their friends, bestowing upon them whatever they
demand, or whatever, in their estimation, is of
the highest value. But sometimes the physical
symptoms exhibited themselves in more constant
manner, without their manifestations of health and
power. The sufferer is filled with all around,
satisfied with everything done for him and led
like a child. Thus in a poor patient, by occup-
ation, a laborer, in whom every symptom was
present—the characteristic articulation, the
point of power and coordination of the limbs—
the incapability of pronouncing any words except
"Very well", there existed this condition, varied
only by an occasional manifestation of the
reverential feelings, when he would break
down to repeat his "Baker Street" before an
uninformed. The delusions, however at this
period an subjective, but in the next stage they
form the principal feature. Before, however,
passing to its culmination, let me remark the
mental. Like the physical symptoms they dis-
appear for a time, or information regarding
II. The Stage of Optimism

At this period the symptoms are entirely changed. In the first the physical signs predominated, in the present the mental condition comes more prominently forward. Formerly the patient was retiring, musing, about the gallery, heedless of his fellows, pleased with, yet not seeking to attract attention, busily employing himself in the estimation of his great profits, or engaged in schemes equally futile and profitable. He is now entirely changed. His manner is altered. It is joyous, the impudence in his articulation, the mirth in his countenance, the timidity when he is about to speak may all have disappeared or only be distinguished when the rapidity of his thoughts overcomes his powers of utterance. He forces himself upon you to proclaim his immense wealth, his designs, his desires, in the most feverish language. The acceptance of our heritage, whatever the caprice of the moment prompts, or whatever, in his estimation, appears to be most coveted by the individual he addresses. This it may be remarked is
generally done in the first person and might almost be held to be characteristic.

Turning to himself, he debates on his strength, superior to that of all other men, and whilst he does so he surveys his person with infinite pleasure and satisfaction. It has too, besides all the finesse, mental, bodily, the best clothes, the best servants, the best food, the best beautiful carriages, horses capable of substituting the Telegraph, everything the most capricious taste could cost, the most insatiable desire acquire for its self gratification. Nothing is wanting to complete his happiness. He has but to wish; this imagination fulfills whatever his fancy craves. His life is a perfect realization of that Utopian existence, it has been the dream of mankind to realize, of which have long philosophers theorized.

These delusions are always in harmony with the patient's previous or natural tone of mind. Thus we find the speculator indulging in still more extensive schemes of aggrandizement - his profits pass beyond all ordinary limits and are to be reckoned not by thousands but by million.
The man, whose benevolence predominate,
declares his mission from God to evangelize the
world, refuses to take food until it is accomplished
fully yields when his attendant declares God
himself has commanded him to partake, or
the may claim power to raise the dead or heal
the miraculous draught of fishes, whilst the
miraculous hearing in his midnight watches
of the golden city in the New World, which alluded
the Spaniards during the middle ages, directed
his thoughts to its possession.

Round these great central ideas
others of a similar nature arise, but they are
temporary, suggested by circumstances, a caprice
bear the same mark of extravagance and
unprobability. They exhibit no connection with
each other, bear no relation but in their vestige
to the permanent delusion and are given up
the moment any other idea is suggested. But
this indeed furnishes us with one of the best
means of distinguishing General Paralysis from
the Manoeuvres of Pride, in which the un-
intended it might be mistaken, and as it may
be ushered in by the symptoms now evident.
consideration, as the second stage may proceed the first, it may not be inexpedient to point out the leading differences between these two forms of insanity.

In the Maniacia of Mide we also find the bearing in accordance with the ideas of the individual, but the patient is demented and epileptic, refusing sympathy having nothing in common with those of whom he is surrounded. He lives entirely apart, admits but few into his confidence, and only those he can influence with his transcendent abilities or great power. Should they doubt him, they are forever cast off, to become the objects of his continual machinations, his letters from them ever excite suspicions. He sees in their every movement, in every little accidental annoyance, whereas his wishes are frustrated, the desire to injure the man and the result of it accordingly. In every thing around him he recognizes the intention to degrade, to lower him in his own estimation or the estimation of others. He is dissatisfied with his clothes, with his food, with the furniture of his apartment, and he protests loudly at his
clusion & exclusion from his true position which
the world is only waiting his appearance to acknow-
ledge. Centred thus in himself, he finds a con-
tentment in his thoughts, a well-balanced
religion in the proofs he brings forward to support
his claims to whatever title he assumes. These
ideas are, in fact, not promulgated hastily, but
are carefully elaborated, duly weighed & consider-
ed in all their relations, and it is only when
every objection, possible to conceive, has been upheld
by the most ardent, he puts them forth to
support his position and it is not unfeelable
he may succeed in defeating the most acute
reasoner.

On the other hand, there is different in the
General Paralytic. Instead of being apart he is
most delighted when dwelling on his rank and
wealth. He knows not one Confidential but keep
himself open to all. A denial rarely irritates
him, lovers lost to make him exaggerate and
bring forward still more frivolous reasons for
his belief and whether you coincide with him
or not he is equally happy & confident, others
will acknowledge the merits you deny whilst
everything around him satisfies his desires & furnishes him with enjoyment.

I have before spoken of the impracticability of want of connection belonging to the ideas of
Paralytics, I must also remark they are distinctly distinguished for their indecipherable. Thus a patient
who mightly visited heaven, could never tell by
what means he gained access, nor did he ever
attempt to give any detailed description of the
vision presented to his adoring gaze. All he
could remember was its floor resembled a plate
of glass and that there were trees. In the same
way the Millionaire can never or rather never
attempts to account for his immense possessions.
He only believes implicitly he has such and
asks you to do the same.

There is also a strange incongruity
between the pretensions and the actual life
of the patient. He might almost be said to live
two lives. For while dwelling in the midst of
everything capable of gratifying his imagination,
and claiming for himself the title of the Emperor
of the world, miraculous powers, the dignity of a
king, he is no less the humble individual he
actually 12, and turns with pleasure to describe his home, though in an exaggerated manner, or devote himself to the most menial offices. Thus, in the cases of four patients, one of whom imagined himself possessed of immense wealth tendered with divine power, spent the day in stone sculptures, a second, with uncalculable tasks for a short period had been dismissed, returned to fulfill the office of butcher to the establishment, a third, with untold riches concealed in the garden, whose viscera were loaded with gold catchers, devoted himself with the utmost willingness to the grave, whilst the fourth, also the possessor of subterranean treasures, journeyed without complaint a barren.

During this period, though the patient may pass through it without any marked cincture, its true type is characterized by maniacal paroxysms with intermissions, during which the condition of the patient to closely resembles the first stage. That any detailed description would be here unnecessary. When the patient however is in the first of these states, he is constantly in motion, walking from one end of the gallery to
another, perturbing whatever lies in his way, disfigures the walls or breaks them down, tears and
burns his clothes, so that day after day he
requires that these be replaced. He is constantly
rubbing his hands against each other, against
the breast of his coat or his ears. In addition
to this, expelled no doubt by the same reason
prompting his constant motion and restlessness,
he incessantly doffing himself of his clothes
do that it requires the constant care of the attendant
to keep him covered. Especially strong is his desire
to conceal. Everything he can possibly secure
disappears. It matters not whether it is valuable
or not, the moment he touches it, it is transformed.
Bits of newspaper become cheques for millions,
pebbles appear in his eyes the most precious gems,
bitty of metal a piece of China as gold.
Often, however, it must be admitted this is
carried on, not from any imaginary value
attached to these trifles but from the mere
desire of possession, as was observed in a patient
who persisted when taking his daily walk in
stuffing every part of his dress with grass.
When in this condition the fraudulent
then no regard for cleanliness, and want of attention to his person forms a very striking feature. Whenever an opportunity offers, he is to be found bathing himself with water, or covering himself with fluids of a still more questionable character.

During the night, there is no cessation of these symptoms. Malep carefully watched, he wanders about his apartments, teasing the flowers, shouting at the top of his voice, his bed being overturned, his coverings scattered about the floor, himself in a state of nudity. Not infrequently he utters the most hideous noises which he conceives the most delightful music, he shouts and recites, as if addressing an audience. His sentences are sometimes ending of the whole is not composed of jargon and meaningless sounds, or he may spend the night in singing or repeating a single sentence. This condition either comes on suddenly or there is a gradual crescendo movement in the excitement until it reaches its highest development, as I have seen, it may be preceded by a dream, and the patient who went to bed fast asleep and dictates may awaken to play the part I have just described.
Before concluding the description of the mental condition at this period, there are a few peculiarities I cannot omit. The two first having come under my observation more than once. During the paroxysm of excitement, the patient who formerly yielded with pluck to whatever was proposed, may become cold and defiant. The disease in fact has assumed the true maniacal type. As an example of this I may state a paralytic who had only been secluded for a few minutes. The arrangements for dinner were completed, which he was constantly interrupting, when about to be removed, indignant at the insult to which he imagined he had been subjected, broke his tea in pieces and threatened with instant destruction the first who dared to approach him.

Still more extraordinary in the occurrence of temporary paroxysms of panophobia which filled with the profoundest terror, his bearing downcast and sad, his looks no longer betray the internal characteristic satisfaction. The views, however, he mourns, are rather those of onlooker than companion,
are directly against God himself have no
any relation to man. In one night I have
been a paralytic, pass into the state I have
just described. In a dream God appeared to
him, endowed him with creative power, but
commanded him for his heretical offenses for
two days to humble himself by prayer. For this
period, the patient stood in the corner of his
airing yard or that of his gallery, uttering
inarticulate sounds, which he declared to be
the manner by which he could alone hope to
depurate the divine anger.

It would appear even in this
advanced stage, the patient is not removed
from moral corruption, as the following instance
would seem to prove. A Collier, who imagined that
he possessed large sums in the bank of his
native town, that he was proprietor of extensive
Coal mines, who nourished the idea of building
a grand pier in to any he had been prepared
preparing to reclaim some uncultivated land
of which he was the fancied possessor, suddenly
on a visit from his wife threw aside or rather
obtained the power of concealing his delusions.
Thèse Annales Psychologiques V, VIII, F360
For a short time there was a marked improvement.
The speech articulation, however, always continued
during the intermission, ultimately, the disease
returned with renewed vigour.

During this stage the physical state
of the patient is good, there is a marked depo-
site of fat. Notwithstanding the exhaustion con-
sequent upon the maniacal paroxysms, the
affluence is good, or, as most frequently happens,
elevated. The pulse is round & full - the
tongue clear. The limbs require little attention.

III. The Stage of Convulsions.

As the first periods of the
disease are brought out by well marked phen-
omena, to we have the mind not only clearly
distinguished. In the first the paralytic symptoms
claimed our attention, in the second it was the
vegetative condition; in the present, we have a
series of convulsive or maniacal attacks presenting
themselves, which, as M. Charcot has truly
remarked, occur in no other form of insanity
or only in very exceptional cases.

Their attacks present themselves
under the four distinct following forms:
The patient who has gone to bed in his usual state of insensibility, may, in the morning, be found presenting an aggravation of the paralytic symptoms, though he is still able to walk about his gallery. The peculiar enlargement of flattening of the countenance is more marked, there is bulging of the member of the face—starting of the limbs, drawn during rest; the feet drag more in proportion to shuffling along the floor. He cannot direct his hand even to comparatively large objects, with precision, the words die away in unintelligible sounds, and the lips which remain apart, allow the saliva to flow from his mouth. Mentally the symptoms are equally decided. He pays no attention to the questions addressed to him, until his attention has been repeatedly loudly called. But then when it is attracted, a monosyllable is all that can be obtained in reply or a blank vacant stare indicating the interrogation to be wholly incomprehensible. From this state, however, he gradually recovers, but it is remarked that after a few of these attacks or days immediately the described state is a determination of the mental condition and that faculty has given place to the
activity of the preceding period.

II. The patient may be sitting quietly, no alteration may have been noticed in the physical or mental symptoms, he may be earnestly conversing with some of his fellows or taking his accustomed exercise when he becomes pale and all the phenomena of syncope are developed. More commonly his face suddenly flushes, his speech becomes more indistinct, his gait becomes unsteady, he loses power in his limbs and falls into a seat or is carried in by his attendant. But the condition is only momentary and perhaps the apoplectic attack arrives if his heart has passed away she is able to describe his sensations and immediately return to his accustomed pursuits.

III. There may be a true apoplectic attack. The patient may have been in the first condition now referred to when he is struck down suddenly or as not infrequently happens, previous to an apoplectic seizure there may be premonitory symptoms more generally relating to the sense of touch, taste, in order to those of sight and hearing. These signs, indeed, of so much importance in the same, are of still greater significance when
applied to those whose minds are affected, for they become important indications of what is about to take place. Thus in a patient the delusion that his arms, legs, and the other member of his body twine, protrude a coming change, whilst laboriously the recurrence of the belief, that her Majesty had been graciously pleased to visit him and that his wife and children to whom he constantly turned were behind his bed, served to advertise his attendant of what was about to supervene. During these attacks there are the usual symptoms of apoplexy, the profound clausoros, breathing, the regular, full pulse, the clenched teeth, the furrowed countenance and purple hand and lips. But it is seldom confused in the temple joint and is more generally accompanied by convulsive movements. It may be of great severity at first, it gradually diminishing in intensity until they entirely disappear, or become so appreciated as to carry off the patient. They vary indeed much in degree, often bearing a striking resemblance to an epileptic attack, the whole body being thrown to one side and agitated again and again in this disease, and recurring it may be many hundred times. In one case that came...
under any new observation it is recorded in the
"Log Book" that during a fortnight their attacks
were incessant, sometimes amounting to five in an
hour. The total number was 520, and in one that
still more remarkable instance they happened so
frequently that the attendant who had been de-
creed to record them, had constantly to sit by the
bedside of the patient to do so. The whole number,
from their occurrence to the death of the patient,
amounted to 2000.

Sometimes, however, this convulsive mani-
festates itself in tetanic rigidity, of the muscles of
the whole body, on one or other side alternately,
or in sometimes happening it is limited to a
single limb, and, in one instance I saw it consist
of the simple and gradual extension of the left
arm. Again, this convulsion may only attack
certain classes of muscles in the different member
of the body, may confine itself to spasmodic
fitting of the flexor muscles of the forearm or
the muscle causing grinding of the teeth, a
very frequent phenomenon. These attacks, however,
it is to be noticed, do not always occur when
the patient is insensible, though the lesser forms
Certainly happen in that condition. The manner varies however, however, are frequently observed whilst the patient is perfectly senseless and unconscious, with difficulty, to answer some question from his limited vocabulary.

Before leaving this series of Augustine phenomena, an symptom cannot be overlooked, from its great frequency, the remarkable variations presented by the patient. When visited he may be found in the point of death, the countenance may, to all appearance, bear the printed sharp features, indicative of approaching death. The pulse may be small, rapid, fluttering so as to indicate the necessity for stimulants. But in a short time afterwards, before these can be administered whilst the hand is still upon the wrist, the features again bear their wonted aspect, the pulse rallies taking that full and measured character generally accompanying this condition.

IV. The apoplectic & convulsive attacks may give way to Epilepsy, in epileptiform may perhaps occur. As, however, there is no peculiarity in these injuring us they affect the insane, it is needless for me to enter into any detailed descrip.
time in this place, further to remark, the
paralytic rarely, if ever, rallies and if he does
and dies during a fit. He does so from the exhaustion
consequent upon them.

In the mental condition of the
patient we find a marked deterioration has taken
place. Though after each of these attacks, just
described, he has appeared to rally, to return to
his former focus, still step by step the descent
has been gradual & final. He no longer takes
an active interest in what formerly occupied
his whole life, yet he is not quite happy, and
though he has lost the of expressing himself
with that volubility so characteristic of the second
stage, he finds the same views react him and
the same phrasing thoughts occupy his mind.

The self-satisfied smile which slays upon his
countenance when as his delusions are referred
to.

But though this is rare frequently the
general condition of the paralytic, it not
infrequently happens. Paroxysms of excitement
take place throughout this stage. They have
never a marked difference from those of the
Kid appendicitis Case No. 2
preceding period. Instead of being a symptom of the
lymphatic, it marked a feature of the disease.
May be distinguished by an irritability and dis-
satisfaction indicated in gestures and by
perspiring with a festering, acts totally at variance
with the usual placability of the psychopathic mind.
Then, however, it has seemed to me, like the
place of the physical phenomena already
described and may be the result of a minor
degree of irritation which, carried further, results
in angustiae & consultative attacks.

Accompanying these paroxysms there
is often excitation of the senses, and in practical
illustrations are already, in regard to such matters,
more valuable than mere statements. I copy from
a report taken at the time an account of the
delusions of a patient in the condition referred
for: "The delusions of sight the aming are
constant. Viper crawl around about his
bed, the fields of the Canderpines were frequented
which clutched and firmly held under the belief that
were mares, a huge bear walked into the room
"deposited chyle at his feet. Faces blazed
all bias through the window. The sound of voices
...un frequent, generally in alternation with times of assuming the shape and murder. His wife and child were heard in the adjoining room, and a constant source of anxiety. They were crying, they were murdered. He was stiified with the felling in which he lay. He was burning. He felt the smell of burning flesh. There must be a and alive all at once. Delusions of taste played a prominent feature. Mandravosa was given him to drink was infused. His coffee was introduced into his food. Arsenic also formed a great ingredient in it. A delirium - the sense of touch was also strongly affected. He was placed above a stove and felt his feet burning. These senses were also accompanied by intense pain and apprehension of danger from the dread of the roof falling upon him, from a belief his bed was in motion and about to pass through the wall.

The physical symptoms have made equal progress. The tongue has lost its power of pronunciation, with the exception of the simplest monosyllables, and thus indication of the persistence of the patient's former delusions. The lips are apart and allow the saliva to flow...
from the mouth, the eye no longer possesses its accustomed activity and brilliancy, and the face is inexpressive and meaningless. The upper extremities are nearly devoid of power, and, though movable at the will of the individual, are incapable of lifting or sustaining any weight. He is rarely able to stand without the assistance of an attendant and if left to himself struggles whatever is within reach or rests against the wall. If the power of progression remains, the body is bent at a considerable angle to the horizon, the limbs are placed widely apart, and dragged slowly forward as if suspended by weights. The hand lost all command over the sphincters. There is a contortion of the neck and the face is passed involuntarily. If the patient is confined to bed, he begins to form one of the most alarming characters, if he is able to sit up, some accident may develop him, adding to the other pains which he necessarily undergoes. But as these become more formidable in the next stage they will be better considered in that place. Concurrent with these changes, the functions of animal life are lost perfectly.
performed. The patient's appearance is miserable, his muscles are flabby though the appetite is excessive. There is an evident imperfection in the elaboration of the nutritive fluid. The stomach is not infrequently irritable takings at once the simplest and most nourishing diet. The bowels are irregular, sometimes constipated, at other times diarrhoeic in preference. The evacuations themselves, being what is erroneously termed albuminoid, solid and containing masses of indigested food.

IV. The Stage of Congestion.

At this point we have now arrived, the patient has reached the last degree of satiety and helplessness. He no longer cares any interest in what is going on around. He can with difficulty, if at all, be raised by reference to his dearest and most dearest are extinct or blunted, with the exception of those of sight and hearing which in these cases I have been, have remained acute to the last. The patient may be able to remain up for a short time during the day but more generally he is entirely confined to the recumbent posture. There are inescapably recurring congestion attacks often so constant that the paralytic is rarely
free from their effects. These are marked by intense depression, in the lower symptoms of the region are absent; frequent twitching of the muscles of the face and occasionally of the limbs. There are also great variations in the pulse and temperature of the body which, within a few hours, from being pale and cold, becomes covered with a fur Temperature.

The paralysis is also extreme. The limbs are entirely in capable of extension, are generally in a decompensated state and totally inadequate to support the body. The upper extremities are moved with difficulty, the control over the fingers is lost and the hand is half shut and incapable of grasping any object. Even the action of these muscles preceding over the important functions of respiration and digestion are affected — the breathing is carried on with deliberation and the pharynx does not answer with that readiness so characteristic of it when food is introduced. The sphincters too have long ceased to perform their duties and the patient lies bathed in urine and surrounded by his defecations. But admits this perfect constipation, notwithstanding the state of all
unless in the century one clasp of muscles has always appeared to me peculiarly exempt from that action of force affecting the body generally. The flexor muscles of the neck at several occasions on command proceeded over these, has attracted my attention, and I have, not seldom seen a paralytic in the helpless state I have described, when his attention was attracted to any object, raise his head from the pillow encircled by the body and maintain it in this uncomfortable position for a number of minutes, allowing it to resume its natural position not from coercion but at his own free will.

To add to the other complications, bed does make their appearance of the most alarming character on every point where pressure is made, aggravated sometimes induced by restriction from the urine, by which the paralytic is constantly surrounded. Large abscesses separate from the heels, often they are entirely removed; one or other of the three characters are lost, bare, the sacrum is demanous, bone of the lumbar vertebrae are arrested of their muscular evening and even when the limbs rest against each other
residue appear which in a few hours give way to congestion spots. Sometimes, though this has hitherto been unnoticed by observers, the lungs are affected. In one instance I observed the greater part of the left calvarium free from a tumour and in cutting into the right calvaria after death it was observed to be gradually undergoing ulceration.

As these bones increase in development of the patient becomes still more intense. Pains of an asthenic type set in. Erysipelas of the rectum and purpura supervene rapidly leading to gangrene, abscess of pus takes place and sepsis occurs, the bed to in,0 deaths may be established, the patient may suddenly be carried off by a congestive attack, or, what is stated is not of very frequent occurrence in the defaulted, the cavity is under gangrene of the lungs, the latter no doubt, in some cases, of the circulation of pus in the system or what is still more probable from imperfect ventilation affecting upon a deficiency of that proper circulation necessary for the proper elcoration of the blood—

Though the numerous cases now are—
Bayle. Traité des Maladies du Cerveau. PS. 1829
Psychological Journal Vol. 1
Read Wright lead us to suppose a pretty accurate idea could be formed of the true necessity for the disease to run its course, still the statistics must be held to be in a great degree fallacious. The commencement of the disease is only dated from the time the paralytic enters the hospital, whereas it is undoubted, long before this period, long before even the disease attracts the attention of relations, it has been making gradual but rapid progress. From this statement, however, in how far, it would appear its average duration is somewhere between 4 to 5 years. Ryle's Case gives an average from 1 - 12 years, Parke's 5 years, 5 months, 3 days. The cases in the Creek Farm Institution near Reeftown from its commencement to the present time, 7 years. Exceptional cases are met with in various authorities, where the disease has been greatly prolonged. Roderique gives an example where it lasted 30 years, and another French author gives a similar one where it existed for 25 years. But such examples are extremely rare. Though there is no doubt of late years the treatment has been much more successful,
from the great attention paid to general hygienic laws. The case, indeed, of the last two stages, mainly resolves itself into attention to these, and wherever the most simple means are afforded for carrying these out, their treatment will be found in a corresponding degree successful.

But though General Paralysis requires a somewhat lengthened period to run its course, while the disease may present itself in an acute form. As, however, I have met with only one instance of this, I shall not attempt any remarks on its nature, merely in presenting it.

Noting that this case, from its commencement to its fatal termination, did not occupy altogether more than three weeks.


2. The disease is attributed to railway speculations.

3. He was first attacked with an incomplete paralysis of the organs of speech & lower extremities.

4. It is not affirmed that the paralysis has occurred...
5. This is a case of the Monomania of Audition. The second stage of General Paralysis. The disease is increasing.

6. In the first attack.

7. He imagines himself rich and powerful, is easily affected, and is loquacious, restless and sleepless.

8. The patient exhibits no design to commit suicide.

9. He is irritable but inoffensive.

10. A brother died of acute Mania. Several of the family have been affected with Phthisis.

11. He has been under treatment, but the symptoms are reported to have been aggravated thereby.

12. The disease is said to be very recent.

13. May 4th, 1851. This may be justly designated an case of acute General Paralysis. The course was at least exceedingly rapid subsequent to admission. With the exception of a brief interval of a few days when partial calm was established, the patient was in a state of incessant agitation. Moving to and from around the apartment in search of objects or of objects which he could not describe. Thinking, thinking, thinking, lingering, murmuring.
his own measure, properties, commingled with the
Deity, the benefits he is about to confer upon
mankind and the pleasures he is about to enjoy
or was enjoying. There was much apprehension,
combined with those feelings of expectatation, he
started to shrink from the approach of every
individual, concealed himself under the bed, on
furniture, and refused food upon the plea
that it was poisoned. He occasionally offered
indications of a recognition of his true position,
but, in general, he either concealed himself to
be in Liverpool or in some palace suggested by
his morbid fancy. He was much excrated
when admitted, and his incompetent treatment,
refusal of nourishment, degraded habits and
attacks of diarrhoea accelerated the doubtful
issue. He died, however, of cerebral congestion after
an illness of about five hours duration. Systematic
at the treatment was under the circumstances
almost impracticable & the sequencces of the
case were not as they occurred. Catheterism
was required for some time before death, indicating
a state of the bladder not usually met with
in such cases.
In regard to the successful treatment of the disease his opinions are held. One of them maintains General Paralysis, though a hopeless malady. It is curable in a very small degree, the other, supported by the greatest number of observers, holds it to be incurable, whilst Dr. Connolly translates the "painless Enque" into Death. Indeed the most laudable advocate of the first theory, Roderique, has brought very insufficient evidence in support of the view he has taken of the 9 cases reported by him as successfully treated, he said him affirming them as only 3 perfectly cured, one recovered partially from the mental symptoms, in another the vision of the tongue remained, a third manifested no symptoms for 9 months, 3 committed suicide, he recovered as to the paralytic, but the mental state was only partially alleviated, and one, an Epileptic, after two relapses, continued well at the end of three years. The only other record of cure I have met with is found in the practice of Dr. Sutherland who mentions three cases in which treatment was fairly successful, whilst one
Ramus's Clinic object
as given by Dr. Palmer in which all the symptoms were relieved.

But on the other hand Esquillio who had 1475 General Paralytics under his care, only mentioned in his cliniqne, I as probably cured, invariably adding, whether he made this statement, with intended ambiguity, “They were lost sight of.” Dr. Collard who had been two cases of insanity had never in this form effected a cure, and Calmeil had also been unsuccessful in analysing the opinions of 47 medical practitioners in England whose opinions had been obtained on this subject, one imagines in the early stages some good might be done, another discharged a patient “with a lisp in speech.” 12 did not allude to Curability and 33 pronounced it spurious.

Though from these statements the disease may generally be held to be incurable, yet it is partially under the influence of medical treatment is undoubted from the frequent cases of arrestment met with, the malady often remaining stationary in one of the stages for years. Indeed there can be no doubt many...
Galnet 240 op Czt
of three cases of suspected cure are worthy
suspicions, the patient being a man named
Esquirlu "last night off". Then M. Ferrus mentions
an instance of intermipine which occupied the
lengthened period of 25 years. Tillet states he
has seen in Salopshire many instances of
a similar nature after the application of the
actual curative to the face of the patient.
A
Coudet of Genoa has likewise reported an
interesting case, in which, though the patient
suffered from General Paralyses in a very
aggravated form, the symptoms were entirely
subdued, with the exception of the slightest tenure
of the tongue. At the end of 4 months, however
the death of Epilepsy. M. Ballanger has also
given similar instances of arrestment, but
he holds whilst no trace of the disease of the
mind, the transient absence is persistent. From
this instances, I have seen, I am inclined to
support the latter part of this theory only, for
it has seemed to me, however soon the partial
recovery may have proceeded, the mind
always bore distinct traces of the disease,
marked by a lowering of the intelligence and
A remarkable instance of the arrestment of the disease in the second stage will be found in the last case given in the appendix.
a peculiarity of manner. For example, in the instance I have already adduced, in which the arrestment was caused by a moral impression, though the patient was to all appearance astute and reserved, he was easily accepted as a child.

As to the stage in which this suspention is likely to occur, no mention is made by any author, but from the cases under my own observation, though it may later place in the first period, it has seemed to me to be more frequent towards the end of the second or beginning of the third, whilst in one instance it happened in the latter stage after a severe paroxysm of convulsive attacks. At the same time I may remark, before leaving this subject, that partial suspension is the more generally at

tered, when there is some well marked con-

stitutional fault or morbid condition to be

attacked, and, it has seemed to me, I have

observed it most strongly brought out when

the patient was distinctly of a scrophulous

diathesis.

This is perhaps the disease in which a
greater variety of treatment has been proposed than
in General Paralyses. In some cases, it is purely
empirical, in others again it is grounded upon
what is believed to be its true nature. But as to en-
unciating all the remedies used to be of little use, I
prefer here only to give an account of the successful
methods of treatment, and then, briefly to enumerate
the means I have myself been employed.

Of the six cases of cure reported by Doyle,
the result of two of which, however, may be doubted,
during one remained paralytic, and the other committed
suicide; in one, the benefit of the application
of leeches to the arms and hands, in one, to
pergu-
stone cinena & counter irritation of livers, whilst,
in the last, relief was obtained by art of the curacy.

This last remedy seems to stand alone
all others, even the constitutional and the use of
the Continental practices. For, we find, it almost
universally recommended by the best authorities,
except Esquiroil d'Rodriguez, the former of whom
made use of it without any effect. In speaking
thereof, of the arrestment of this disease at Tucket-
tong, in the practice of my father at Salt-fishere. I
have often observed intermissions, or at least
Very decided symptoms, supervene upon the
application of the actual coating & the result of
the rub. It adds, therefore, "at a longer or shorter
interval a relapse alway occurred when the dress
took its usual course." Al Vesin, also, regards it
with equal favor and in a communication
addressed to the Academie de Medicin, gives
the results of its employment in ten cases. In
each of these alone it was unsuccessful, whereas,
in the other nine, a marked improvement was
decernible both in the mental & physical pheno-
mena. This mode of treatment has not, so far
as I am aware been tried in this country, except
in one case and, in that, it was entirely unsuccessful.

Of the 9 instances of cure adduced
by Rodrigue it appears whatever the locality con-
duction, sex or age of the patient, he advises general
bleeding no matter what the Centre indicating whilst
he condemn the application of cold to the head.
Induced, and antispasmodics, he attaches no
importance, though he gives the cases where Digitalis
has employed with marked benefit. In England
that drug has also been tried. At St. Thomas it
was administered by Dr. Constab without effect.
and, in the Cockton Institution, it was given a
fair trial but without producing any amelioration
of the symptoms. In the last stages of the disease,
Rodigue recommends counter-irritation and, on
the occurrence of convulsions, epileptic or apoplectic
attacks, bleeding, except when there is thought to
be dense effusion when he imagines the symptoms
would only be aggravated. The Paralytic having
advanced to the last degree of faulty and paralysis,
he places his principal dependences upon
cleanliness, nourishing diet and attendance to
other hygienic laws.

In the three successful cases of treatment
reported by Dr. Sutherland, two were treated by
the Bichloride of Mercury, one by Saline & Counter-
irritants, and, in that of Dr. Palmer, the cure was
affected by the administration of Ammonia and
Sulphuric Acid.

The treatment, I have myself been
pursued, has appeared to me to follow the
true indications of the disease, and well qualified
to obtain success as is shown by the large average
duration of the cases amounting to 7 years. In
the course followed great weight is laid upon
Constitutional remedies, and more especially those known to exercise an almost specific effect upon leprosy, indications of which can very frequently be observed in the patient or traced to his family. In addition to this great attention is paid to the general and personal comforts of the paralytic. Cleanliness, above all, is attended to. The food is of the simplest and most nourishing kind, whilst as long as the patient is capable of taking exercise it is diligently resorted to.

In the first stage, when circumstances allow and inflammation symptoms are absent, local bleedings by cupping is resorted to, local emetic irritations is employed and mercury given. Should there however, not be present, attention to the general health, a careful regulation of the bowels and the bicarbonate of mercury in alternative doses has appeared beneficial, whilst, should the leprosy, oedema be indicated, colchicine acts as demulcent and the dulcet attacks, bromine and iodine given in the form of the bromide, of potassium or what ever equally well as a substitute, equal parts of the bromide and iodide of potassium. Indeed as this last treatment much reliance is put
placed, for, it has seemed to me, the greatest
number of cases of diarrhoea I have met with,
were to be attributed to the want of these medicines.

In the second stage the same cause
is to be continued — the cold bath is to be repeated to
the bowels, and to be carefully regulated by saline
purgatives and the kidneys are to be freely acted
upon by diuretics — the acetate of lead or Potato
appearing to be the most serviceable — in order to avoid
any tendency to congestion from the excitement
present at this period.

In the third stage matters become
more complicated. Should the disease be quietly
running its course, the alternative and constitutional
measures are still most effectual. If congestion
or convulsive phenomena make their appearance
more active measures must be taken — cupping or
leeching may be of service when prudently
employed and, from the condition of the patient
at this time, it is evident in some cases alone
justifies their use and blood will only be taken
as a last resort. More generally, cold applied to
the head, purgative enemas, diuretics, occasion-
ally Colchicum, with the use of Mercury will be
found sufficient to subdue the symptoms of they are amenable to treatment.

Towards the end of this stage and throughout the next, medical treatment must almost give place to personal care. It is now more upon the attendant than the physician the care of the patient. Wounds develop. Everything must be avoided calculated to produce irritation of the surface. The patient is to be kept free from wine, he is not to lie too long in one position, if possible, he is to be raised for a short time during the day. In removing him from bed its sides can to be carefully avoided lest any injury be reflected of it is necessary to apply applause for the sake of warmth. The temperature is to be carefully observed. For nothing is so apt to induce bed sores as this - than any reduction or frequency to their notice. The part is then washed by a stimulating lotion covered with collodion, infinitely the best of all applications for its transparency, and the patient placed to as to avoid pressure on the injured parts. When does actually make their appearance, the hydrostatic bed, where it can be obtained, ought to be used, air a nature
cushions, with support the injured parts, stimulate, advantageously made with yeast or tincture, are to be applied, whilst at the same time, great benefit is derived from stimulant applications. During this period, times with generous diet, stimulants are indicated and should be freely given, but the food is better taken at frequent intervals than in full meals, and, should any acute disease supervene, the treatment will have reference to its nature so far as the exhausted condition of the patient will permit.

I have thus fulfilled what I proposed to myself in reference to this disease and, though I have neither dealt with its pathology nor developed or supported any theory, I have only avoided these topics because, in regard to the first, I could not speak from personal observation, and because it does not seem to me any satisfactory theory can yet be formulated. It has been my object whilst following the great authorities as my guide, to follow none, but to describe, as I have myself seen it within the walls of a public institution, this malady so interesting in both its physical and mental manifestations. —

[Signature]
Appendix
The Cases here appended were extracted from the Case Books of the British Institution.

have been added to from personal observations.
1. Admitted 18th June 1863. Married. A
Captain in the Royal Navy of liberal education, amiable
disposition and gentlemanlike deportment.

2. The disease has been attributed to the degenera-
tion of an ulcer. The family is in ruins.

3. Although it is stated no pulmonary symptoms
have ever been observed, it has been ascertainned from other
sources that the patient was long subject to nervous
fits for years he has been eccentric irritable and
freesian.

4. No convulsive seizures have been observed, but
loss of power has been apparent for some time in
the lower limbs.

5. The patient is now in the second stage of the
menomia of amnhesia with general paralysis.
He has recently exhibited mental symptoms.

6. The left eye is enucleated. The pupil of the
right eye is dilated. Tongue coated. Little or
no attention is the call of nature. Pulse rapid.
Articulation impaired.

7. This is regarded as a relapse occurring after
the interval of ten years.

8. The delusions are all connected with the
aggrandisement, the power, the wealth of
• He is supremely happy.

10. He is totally inattentive to the preservation of his clothes and has destroyed furniture.

11. Several members of the patient’s family have been insane and many of them phthisical.

12. Nutrice and general support have been for several weeks employed with advantage to his physical condition.

13. He has been decidedly insane for six weeks, it is suspected for years.

June 1st 1874. Regarding the general paralysis of the insane under which this patient labors, as a complication of chronic disease the grand feature of the treatment has consisted in the use of light Fevers and Procaine. In the eyes of his friends, the patient is much better. He has passed through an excitable stage during which he read, talked, snatched, walked incessantly, through a destructive stage, in which he continued to destroy some articles of bed furniture very night, pulled down shutters, mutilated furniture, and jerked and twisted every available object out of its proper shape and form to proper purpose, and during which he
passed the contents of his bladder always in bed & rejects every disgusting and atrem whale drees.
He then passed through a stage of optimism during which he passed millions of letters per day, and for hours traced illegible characters on paper. He claimed power to raise the dead 8 journey with the speed of wind, to emulate the miraculous draught of fishes his friends were around him in transmitting hum intelligence by realip channel, his will being adequate to accomplish all things. He then passed through a stage of depression and impotence writing letters every hour to the various members of his family demanding liberation, describing himself as miserable, ruined, dying, complaining of a thousand grievances which could not exist, but returning the same delusions as his divine power, his being the source of all honor and dignity. He is now passing through a state of culin repose and contentment, his delusions having disappeared or ceased to exert any influence on his conversation & conduct. His wife would is now his. She resides in town, sees him every day, and supplies him with thoughts, motives and happiness. His manners are most gentlemanly.
his observations, flattering, but not inestimable; his
disposition kind and generous, although there
exists many proofs of infeblement. There are none
of possession of intellect.

26th Oct 1834 Upon one or two occasions the
patient has spoken vaguely of his health and
his magnificent expectations, but during the
past months he has been composed, gentle, childlike
in intelligence as well as in society. As he has
complained of Neuralgia and formerly suffered
much from exposure to cold, and as his friends
cannot relinquish the hope the faculties may
again a part of their former strength it has
been determined he should pass the winter with
his family in the house of a medical man in
Kent.

At 46, A Medical Man. Married.

Education excellent. Disposition energetic.
L. 3. 4. There is nothing known of his previous history,
but it has been thought to be satisfactorily proved that
the patient has had no conspicuous attacks.
5. He suffers under the General Paralysis of the Insane.
The disease is increasing
7. The external lenses of the digestive system are healthy
8. This is the last attack.
9. He senses the atmosphere is full of meals which render his blood acrid. He has asked for 1 oz. of Ammonium Acetate to neutralize the acid and says his attendant and others persons whom he mentions by name have committed murder.
10. He is very unsteady towards his late attendants as well as several of his former friends whom he accuses of murder. and is most anxious to punish them.
11. Acid Muriatic & Bichloride Hydrosypry have been used for several weeks.
12. He has been under surveillance for 4 months in England.
April 26th 1857 - for some time after aches in the progress of the disease in this case was marked but not rapid. There was great restlessness, irritability, suffusion of conjunctive and constant alterations both in his attendant. This business must be attended to
large sums of money were due to him from his patents and inventions. Money was going at interest and accumulating to a fabulous extent, and he described it with pleasure in his possession in Norway and their almost unlimited capabilities. His fruit trees were so bountiful that he sold them for half the world. He would pull down his barns and build larger and he laid plans for furnishing his house. In all this, however, there was a substraction of real invention. Patent which had during his health resulted in some valuable discoveries in Chemistry for which he had obtained patents. During this period he was at times still harassed by the acari or little insects which had pursued him from London and now forced him to a shrine whenever a newspaper or letter came to hand. He stuffed his nostrils and ears to prevent them access. He burned pastilles of powdered strong ammonia to destroy them, and when challenged to produce them, he would catch on a piece of white paper the little parasites of dust floating in the atmosphere and indepenently dispute the change of dilution.

The dislocation of words in expressing him self gradually became more marked, both in writing and in conversation. Words were left out, thus pronounced
Miss Pratt, cautious in every direction and his attention
was slow and more painstaking as if conscious of his
difficulty. Loss of the knowledge of place was a prom-
inent characteristic and at this time he frequently
failed to find the door of his own room. His wife and
child were the constant objects of his curiosity and
gradually this passed into a persistent delusion. He
declared they were concealed and prevented from seeing
him. The failure of muscular power, especially in the
lower extremities kept pace with the gradual deterioration
of the higher faculties. At times it seemed as if there
was an alternation in this respect. His language
became more pronounced in proportion as the
former of progression failed and vice versa.

Latterly his apprehensions as to his wife and
children assumed a more positive form. He heard
their voices at night and would rise from bed and
search the room. He discovered them or attempted to get
cut to the passage. He heard also the voices of those
who accompanied him here. At this time the
failure of muscular power in the lower extremities
was almost complete.

Sept. 17th. Considerable change has taken place
in the patient's condition since last report. The
Movements are slower and more deliberate, more in pantomime than in language; but more especially of the muscles of articulation and respiration. Both have manifested variations of considerable degree, but the alternation has been marked. The delusions present the same character of administration and destruction. The Queen has visited the asylum. She has conferred when in the ranks of the lower. She is Queen of Newcastle. During the progress of the case, there has been in two occasions, convulsions of a rather a serious character. These have manifested themselves, chiefly on the left side, and been accompanied by almost complete palsy of the muscles of respiration. The pulse has increased on these occasions considerably.

Whilst the general features of this case have presented the usual characters of General Paralysis, the delusions of the senses have afforded some points of interest. These have been chiefly marked in the direction of sight and hearing. The senses have shown a certain extent been involved. In the order in which they have been involved, sight was the first to lose its firmness throughout the whole course of the disease. The acuteness disappeared after.
a second attack of these the following is descriptive of
the state of Mr. Denev-
Delusions of being the victim of
constant fear. Vipers crawled around and about the
bed. The folds of the counterpane were frequently clustered
and firmly held under the delusion they were vipers. A
huge bear was seen to walk into the room and deposit
itself at his feet. Faces stood at him through the
window. The sound of voices was frequent generally in
alternation and at times there was the sound of strife
and murder. His wife and child were heard in the
adjoining room. The latter was a constant theme of
anxiety. He was crying. He was being injured. He
heard his chief shouted into the pillows on which he lay. He was
screaming. He felt the smell of the burning flesh to which
much bitter and able to take attable delusion of
both formed a prominent feature. Mandragora
had given him to drink, was infused in his coffee and
put into his food and arsenic also formed a large
ingredient. The delusion of the knees of bears was
also strongly marked during the period. He was placed
above a stone - his feet were burning. These fancies
were accompanied by intense fear and apprehension
of danger. The roof was falling in upon him - his
bed ran in constant motion - had transported itself
Oct. 5 to 1856. The patient never recovered the same degree of health or intelligence previous to the last convulsive attack. Language remained very imperfect & the form of articulation— the form to recollect & com- prise letters and words— was evidently below the intelligence which conceived and dictated them, etc. Moreover, the meaning could be expressed by overlapping certain letters, clearing the first half of a word, or, if faintly sounded, hesitating sound in another direction. The attempt to read aloud evinced certain peculiari- ties resembling more the efforts of a child in learning except that the meaning was perfectly clear & intelligible.

Latterly he has been subject to another series of convulsions which have presented the following pecu- liarities. At first central & almost complete but determined chiefly towards the right side followed by a semi-commasional condition and occasionally stertor. These were followed for a time by purely atonic convul- sions, but occasionally varied by a more severe cerebro- spinal attack. Latterly they became rarer & more resembling a twirler of one side, and still later through frequent -they have displayed only such
phenomena on the following, a cry dying away like the
bleating of a sheep, a modification of guttural articula-
tion accompanied by rotation and occasionally
a compression of the arm. During these attacks which
sometimes occur every five minutes for two or three
hours in an eruption, intelligence is slightly if at
all disturbed the will line; complacency in the
Moral of the lot. For the last few days, the muscles
of articulation have been so completely paralyzed
that he has since been inarticulate.

I last saw this patient at Christmas. The
disease was then progressing, the eves perfectly
flushed and happy, now occasionally visited by
convulsive attacks.

Admitted 13th May 1854. Oct 54. Married
and has family. A coalminer of great discussion
and industrious habits. He has been taught to read.
2. The loss of two ears within a short period is supposed
I have injured the patient's mind.
3. No permanent symptoms were observed.
4. He has been free from epilepsy to this disease.
5. The patient appears to calm under remittent.
Monumenta, but associated with narratives of tracts of gold, lives of injustices, and with his arrangements for the purchase of estates. Then exists the idea that his children are not dead but buried alive, that he is bound to examine them.

His complexion is yellow. There exists great repose in his features,remove relapsing relapses in all his acts. The pulse is reported to be occasionally accelerated but was in a quiet pulse.

7. First attack.

8. & 9. He is not known to have any mental or physical.

10. He is perfectly good-humoured and affectionate.

11. Hereditary tendency to chorea is not known to exist in the family.

12. There has been no treatment.

13. He has been ill for 6 months but there has not previously been an attack.

1st June 1834 - B. distinctly lift upon his toes of gold from a considerable number of gold watching in his stomach which he can hear which are insanually extracted at night. The same notion of the possession of invaluable property which suggests his description of his treasure house and his claim of vast, territorial heritage is involved in these
Several times pieces. His manner is bland. With his expression contracted, his movement slow. notwithstanding his soundly health, he readily engages in the most service occupations & derives satisfaction from this duty. He has been ordered the Bermuda Islands.

1st June 1856. Upon some general occasions this servant has presented symptoms of cerebral congestion. On the first the attack was premature, and did not amount to more than vertigo & stiffness. Upon the other the patient staggered for a time, lost power on exhibiting surprised face on the left side and articulated imperfectly. Relief followed the exhibition of calomel and a saline purge. And no deterioration of capacity either physical or mental could be detected. The antecipate occupy his attention the listener to their sound. He speculates on their circumstances, but is too calm or sluggish to feel earnest or curious as to the event. This landed property is so extensive as even. No inciden has reached him from his family, but no shadow of doubt or suspicion in fear has crossed the quiet demeanour in which he lives.

His health generally has not given way.

1st June 1856. R 13, is now nearly confined to this
chain. This measure is procrastinated for he can still
walk with assistance. His progress however, is so
uncertain, by oscillating equilibristics imperfectly
preserved. His utterly valueless in such an exertion as
a means of preserving health or of preventing decay
of the limbs. That, except in removing him to your
bed, one attempt to make to put his frame to the test.
The still attenuated, but his words are few, and almost
the only expression which is now intelligible is a declaration
of his sterility and belief and denial that his "laxity
are in the garden." His countenance is still radiant
with brightness and good humors, but even these faces
are rapidly fading with the mental light which
gave them meaning and interest. The only occupation
and the term is justifiable from its fitting and engaging
the whole collection of the patients, consists in efforts to
butter his coat fast. The steps by which this state
has been reached, are gradual, insidious and un
marked by danger. Slight attacks of cerebral angina
followed by transient paralysis, an increased tenden
ency to either but especially to the right side surfaces
compounded by impairments of rotation or sensation, in
creased slumber or loquacity, have constituted the
most remarkable feature of the advance of this
observed - His conversion of his health and situation has
not become more intense or extensive, in fact even his
delusions appear to have been dulled and weakened.
There is an obvious lack of Copulatory going forward,
but, in yet, his physical health is satisfactory.

June 1st 1867. R.B. has been confided to...ing.

The greatest object of solicitude has been to secure the system, to prevent a recurrence.
The best plans which result from his position, impairs
foot infection and impaired renovation.

The following extract from the Bayley's gives the
termination of this case.

16th Sept. - The swelling in the heel has much extended
within the last two days, involving not merely the
external part, but reaching as far as the malleolus
on each side. The part round which the pustules
were pastured have given way and, over the ulcer,
a black and gangrenous spot, about the size of a
shilling, has appeared, to which to which it has been
thought necessary to apply a cup of pumice. The base,
over the left foot ulcer has extended, a bulging
pale and milky-like, around its edges, are per-
oralones which must continue unite and greatly
increase its size. There is no evidence of abscess.
between the shoulders, another above the knees, an
in approach, and every place on which the patient
rests, requires protection. Until this morning there was
no appearance of an approaching termination to the
disease, though a tendency to a recovery had existed
for more than a week. During this condition the appear-
ance varied, the face being alternatingly flushed pale,
the surface cold or warm with a very profuse pers-
piration, and the following is indicative and description
of the state—Sept. 16th. 9 a.m. There is diarrhoea, from which
he can be readily raised by exercise. His pulse was 94.
Surface pale and cold. 1 p.m. The diarrhoea still continued,
but in place of the pallid flushed countenance, the
cheeks are flushed, the respirations profound frequent.
The surface covered with perspiration. Fullness of the
facial muscles. P. 120. Has not taken his food well to
day.

Since this time the condition above described
became more frequent, might almost be said to be
more or less constant, but occurring in greater intensity
at some period during the day. Notwithstanding, however,
he continued to take his food well until two days ago
when his tea was rejected. This symptom with increased
dehydrity, urged the necessity of poison removal from the
led during the application of fresh poultices, or
for the purposes of cleaning up and, in order to prevent
as far as possible against exhaustion he was ordered a
glass of wine right at morning, previous to which changed
Yesterday the patient vomited after taking a few
spoonfuls of his breakfast and evidently suffered more
from exhaustion. What at the same time, the drowsiness
increased to such a point that he could not be moved. He
died calmly at 2 a.m.

Notwithstanding the advanced stage of
certainty the patient had reached his eye continued to
brighten, his features contrast themselves in a smile
at the scene Lewton of his garden returns of gold
orches—The leader of kept the evening meal arrived close
to the last. Thought almost be said to have been
exalted, the slightest noise attracting his attention
whilst his eye remained fascinated to the spot to
which it had been directed—in this instance there was
also again noticed a remarkable extent of power to
movement in the fore arm, wrist, and fingers.

Examination of the body.
Head—The scalp was found to be thick especially over
the vertex the cellular tissue firm and dense. The scalp
hair of moderate strength and nothing remarkable
was observed on the external surface, from the whole extent of the inner plate of the frontal bone, but more particularly towards the right, the dura mater was adherent, and, towards the left of the mesial line, below a point opposite to the frontal eminence, were three considerable protuberances of a triangular form, placed in such a position as to correspond to the three angles of a triangle and a similar protuberance was found on the left parietal bone. On the inner surface of the occipital bone the sides of the grooves of the longitudinal sinuses, were prominent, sharp, serrated and, at the left immediately above the occipital protuberance, a cavity existed into which a coffee bean might have been placed and, the bottom of which was cubiform. Along the edge of the longitudinal fissure and over a considerable space towards the left the membranes were adherent to the brain, requiring removal by dissection. The subarachnoid space contained a large quantity of fluid. The grey matter was somewhat pale but no change existed in the consistency of it or the white substance except in the Corpora Striate pillars of the somis. Corpora Gemmelata cell of which easily dissolved there washed away by a stream of water dropt in them from a Sponge.
This case did not occur in the department of the
Oriental Institute to which I was attached so that
I have been unable to report it fully.
Throat, the heart was enlarged, its walls thin, and
the aorta so much and a half from its origin
was fatty & corrugated. The lungs were healthy
Abdomen. In this cavity no trace of disease was
found except in the left kidney which corresponded
to that condition described as mottled. There
were large masses of feces in the colon.

On making an incision into the heel
over the or calcus, the tarsus were found to be
diseased to a very considerable extent.

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48. A Cabinet Maker of moderate
education, equable temperament and som disposition.

1. The disease is attributed to excitement induced by
a misunderstanding as to the settlement of an
account with an individual for whom he had
erected a building of considerable size.

2. It appears to have caused under some form of
hepatic disease, but with this exception, his physical
health has been good.

3. This is the first attack. Previous to the recurrence of
the disease he was more melancholy

4. He has not exhibited any tendency to commit suicide
No hereditary taint is known to exist in the family.

1. He is particularly excitable by the expenditure of money for dissipation, has struck his wife, and attempted to destroy her.

2. He has been insane for 4 years, but has never been confined in a Lunatic Asylum.

During the two months following his admission he is described as violent to an extreme degree, destroying everything within his reach, attacking the attendants, and necessitating frequent seclusions. But while thus obstinately insusceptible, distinct paroxyms are recorded in one of which he became much emaciated, was affected with delirium and appeared to be threatened with the immediate supervision of sanity. He was placed upon a purely animal diet, ordered the Remot Hydrocyanic, and improved much under it. During the same attack certain phenomena of the muscular system were observed designated by those who saw them as tremors, but which were in all probability tremors.

Subsequently to this stage of violence, delusions became conspicuous. He affirmed he was a thousand years old, that he could coin thousands of sovereigns.
that Perruch had already mastered. Notwithstanding he himself built it. His calumny and apparent insubordination induced his friends to remove him, but he still retained his ideas of power and grandeur and would proudly declare that he was a breeder of cattle, that he bred tens of thousands of horses, and that upon one occasion he drove the Sheriff into Carlisle with 60 pairs of horses of his own rearing. This is a famous example of General Paralysis in its stage of aphasia.

He was admitted 28th April 1854 and discharged 25th May 1855.

The peculiar interest attached to this case depends on the arrestment of the absence of this stage. The patient is still alive and remaining exactly in the condition described above.