OCCASIONAL NOTES OF THE QUARTER.

General Paralysis of the Insane.

Dr. Wilks has addressed the following letter to the *Lancet*, in reference to a criticism which appeared in the last number of the *Journal of Mental Science*:—

Sir,—In the current number of the *Journal of Mental Science* my friend Dr. Mackenzie Bacon, of the Cambridge Asylum, takes exception to some remarks made by me in the last volume of the "Guy's Hospital Reports," on the expression "general paralysis of the insane," and as the pages of neither work are open to controversy, you will, perhaps, allow me to restate my case in a few words. I take objection to the term since I am daily brought in antagonism with it, but of course do not for a moment ignore the existence of so characteristic a disease as that which alienists are pleased to call by this name. Dr. Bacon's brief description of it is excellent, but by no means removes my difficulty. I maintain that the use of so general a term as "paralysis of the insane," or "dementia paralytica," is essentially bad, as I and my pupils know to our cost, when we have before us a paralysed patient whose mind is affected, and we are excluded from adopting an expression which its simple meaning would suggest as strictly appropriate, because it has already been restricted to a narrower sense by the alienists. The term dementia paralytica, in its obvious meaning, is applicable to other cases than the peculiar disease known as general paralysis of the insane. Suppose, as an analogous instance, we have a dozen diseases of the kidney, which, leading to its destruction, terminate in a suppression of the healthy urine, and to this condition the term ischuria is applicable; would it not be of great disadvantage to employ a term of such general meaning to one particular form of disease, marked during its progress by peculiar symptoms; would it not tend to confound such different diseases as granular degeneration and suppurative nephritis? So in the nervous system, if the brain and spinal cord degenerate, both body and mind become weakened, and a dementia paralytica results. But the symptoms vary in the course of the disease, according to the causes and mode of degeneration; one kind of change in the cortical structure, leading to degeneration, might be accompanied by melancholia, and another kind of change, leading equally to degeneration, might be associated with an exaltation of ideas, and yet the term general paralysis of the insane ought to be strictly applicable to both. What I require of the alienist, therefore, is to apply to the disease which he treats a more specific name. If he acknowledges a strictly pathological condition, he may style it periencephalo-meningitis; if he would rather adopt a clinical nomenclature,

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then he might call it "paralysie ambitieuse;" and the latter I think he would prefer, for I have observed, as a matter of practice, that the mental phenomena alone are quite sufficient for its recognition, whilst without these very few physicians will venture upon a diagnosis, even if markedly universal paralytic symptoms are present. I am entirely precluded from the use of the expression "general paralysis," although my patients have a general loss of power, because the term is already appropriated in an exclusive manner; and if these patients are also mad, I must not say that they have general paralysis of the insane, because a peculiar form of insanity is always intended. I think we general physicians have a perfect right to the use of "insanity" and "paralysis" in their common and obvious meaning, whilst it is the duty of the specialist to adopt a name more strictly applicable to the form of disease which he is considering. Can he not make a good English counterpart to "paralysie ambitieuse?"

I am, sir, your obedient servant,

SAMUEL WILKS.

It appears to us, after reading these remarks, that there is much justice in them. At the same time the term general paralysis, though "bad enough," as Dr. Bacon admits, has become so restricted by usage to a particular form of disease that it will probably be found a hard matter to widen its meaning. A similar objection might be brought against the use of the term insanity in its common acceptation, for insanity in its true sense does not mean madness—means only unsoundness, which might, of course, be either of body or mind. Dr. Wilks might, therefore, complain that he was precluded from the use of the term insanity, because it has been wrongly appropriated in an exclusive manner, and might call upon the alienist to adopt a name more strictly applicable, or at any rate always to speak of *insanity of mind*, when he meant madness. But if we were to go through the English language, making reforms of this kind, there would be no end of our labours; in its development it is well understood that usage establishes a right; and the only question in regard of the use of the term general paralysis will be whether Dr. Wilks has made his protest in time to prevent the right which usage gives. We should be glad to have another term, only the difficulty is to fix upon a suitable one. Dementia paralytica is, we think, seldom used in English asylums as strictly synonymous with general paralysis; it is used rather to denote—what its name implies—fatuity with gradually increasing paralysis, without ambitious delirium; used in fact as Dr. Wilks would have it used. We recognize in practice at least three sorts of general paralysis of the insane: that form in which there is gradually increasing stupidity and

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paralysis, and which would justly be described as *dementia paralytica;* secondly, that form in which, instead of ambitious delusions and exaltation, there are deep melancholic depression and corresponding delusions with gradually increasing paralysis, and which might be called *melancholia paralytica;* and, thirdly, the commonly known form in which there are delusions of exaltation with paralysis, and which might properly be called *mania paralytica.* It is to this last form that the suggested counterpart of the French term "paralysie ambitieuse" would alone be applicable—the form which was first described as general paralysis of the insane, and to which Dr. Bacon would apparently continue to restrict it. Dr. Wilks does not fail to acknowledge the existence of this characteristic variety of disease; on the contrary, he quite recognizes the disease, but requires of the alienists that they no longer call it by a generic term which includes it and other diseases that are not it, and that they give it a specific name. We confess to a sympathy with Dr. Wilks in this wish, and to a hope that the application of the term may be widened, so that it meaning in fact may correspond with its meaning in words. If this be done, it will be necessary not to lose sight of the fact that although these three forms of general paralysis of the insane occur separately in different patients, they may occur in the same patient as different phases of the disease. A person who begins with mania paralytica sometimes ends in dementia paralytica, and remains in that state for some time before death. And at the present time we have, under occasional observation, a patient who, about four years ago, was attacked with all the characteristic symptoms of the exalted form of general paralysis. He was sent to an asylum, where he remained for several months, improving so much, that he seemed recovered and was discharged; no doubt was felt, however, that his improvement was but an abeyance of the disease, and not actual recovery. Three months after leaving the asylum he broke down again, but he was not at all exalted this time; on the contrary, he was miserably depressed, thought he had a frightful disease, would not take food, believing that he could not swallow it, and that it would not nourish him, and could hardly be got to move. So he remains now. When he was first attacked, it was thought he would not live more than two years, but four years have passed, and yet he seems no more likely to die soon than he did at the beginning of his illness. It is an interesting case, as showing how completely one form of general paralysis may be replaced by another. Those who would limit the

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name to the ambitious or exalted form of the disease would find some difficulty in naming his present condition; though they might, of course, point to the first symptoms of exaltation as confirmatory of their view, and get rid of the difficulty in that way.

Medical Certificates of Insanity.

In the Annual Report of the Surrey County Asylum, at Brookwood, for the year 1870, Dr. Brushfield remarks upon the frequent trouble occasioned by defects in the filling up of the statutory forms and the medical certificates under which patients are received. The latter, which is in every respect the more important, is, he points out, due to the unsatisfactory character of the present legal form required. We have pleasure in quoting at length what he says:—

> The admission paper consists of three parts—the "Order for Reception," signed by a magistrate; the "Statement," to be filled up and signed by the relieving officer; and the "Medical Certificate." In the "Statement," the relieving officer has to supply the following information:—
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> Duration of existing attack.
> Supposed cause.
> Whether subject to epilepsy.
> Whether suicidal.
> Whether dangerous to others.
>
> Now it is very evident that these particulars ought to fall to the province of the medical practitioner to answer and to embody in his certificate, and although he may require to be assisted in this respect by the relieving officer, yet whether the entries be matters of fact or of opinion, they are essentially of a medical nature Under the present legal form the replies to these important questions are too often erroneous, and calculated to mislead those who have the subsequent care of the case, and not unfrequently are directly opposed to the facts contained in the medical certificate. Again, this certificate should include all particulars of a medical nature necessary for the medical officers of the Asylum to be supplied with, and should therefore be complete and exhaustive. For this purpose it would be advantageous to arrange the information in a tabulated form, under a variety of headings, on a similar plan to those of the "Statement," although somewhat more elaborated, and this would aid the medical man in stating his facts upon which he based his opinion of the patient's mental malady. At present the medical certifier has, under the heading of "Facts indicating insanity" observed by himself, to make entries without having any kind of guide to asssist him in selecting and

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