men certifying to the insanity of a gentleman who was at that time undoubtedly insane, had stated as facts observed by himself, that "His (that is, the patient's) habits were intemperate, and that he had squandered his property in mining speculations." But in the Court of Queen's Bench he was obliged to confess, that the only act of intemperance he had actually observed, was the patient's drinking one glass of beer: and that the squandering of property was the loss of what was to him a mere trifle, in a mining speculation, which eventually turned out to be a very good one. Let no medical man, therefore, fill up a certificate of insanity without picturing to himself the potentiality of a severe cross-examination in a court of law. A liability not unjust, though by no means agreeable, since the proper filling up of half-a-sheet of paper which may deprive a man of liberty perhaps for life, is a professional act of which the importance cannot well be over-estimated.

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## *On General Paralysis.* By Harrington Tuke, M.D.

(Continued from Page 338, Vol. VI.)

It still, I think, unnecessarily remains a disputed question, whether the mental affection in general paralysis does, or does not, precede the symptoms that mark enfeebled muscular power. Esquirol, indeed, distinctly states, in speaking of the corporeal paralysis, *tantôt elle précède le délire*, but it must be clear that this is after all negative testimony, it only means that Esquirol has been told so; it can only go to prove, as a close examination of the case quoted by Calmeil proves, that there were no symptoms observed by the friends of the patient, to lead them to suspect insanity, before the paralysis appeared. It has always been taught by Dr. Conolly, that the mental symptoms are synchronous with, or antecedent to the paralysis, and this is consistent with Esquirol's conclusion, that general paralysis is a "complication of insanity"; a definition called out by the not very lucid objection of Dr. Burrows, that he, Esquirol, seemed to think the paralysis to be the "effect, and not the cause of the insanity." The real question to be decided is, whether in an undoubted case of

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'general paralysis,' with mental aberration, the *paralysie générale* of Calmeil, there has ever been a period of the malady during which, with the muscular affection distinct, the mental powers were unaffected? I have never seen such a case, and with my strong opinion of the special nature of the disease, should not expect to do so; it has already been pointed out that the statement of the paralysis existing with 'weakening of the intellect,' only widens the question into a consideration, of how small an amount of weakening constitutes unsoundness of mind. The existence of a case ultimately becoming insane, presenting paralytic symptoms, and yet showing undiminished mental vigour for some time after they appeared, if recorded by a competent observer, would go far to shake the opinion held by many of our leading physicians, as well as by myself, that general paralysis is a disorder, *sui generis*, and, though neither 'cause or effect' of unsoundness of mind, inseparably connected with it. At present, no such case is on record.

It has been said by M. Pinel the younger, who does not think insanity at all a necessary concomitant of the *paralysie générale des aliénés!* that physicians engaged in the treatment of mental disease see only cases that have become insane, and cannot see those in which the paralysis exists without mental derangement. Whatever of truth there may be in this remark, applies specially to the class of patients who are to be found in our public asylums; these are certainly not brought under treatment until the mental symptoms have become sufficiently prominent to lead to inconvenience or to danger; and this may not be the case till the physical powers have become very materially weakened. But in the higher ranks of society the very opposite rule obtains; in them the physical symptoms remain long unrecognized, but a word misplaced, a gesture ungoverned, a change of conduct, or a manner not otherwise explicable, will lead at once to the true comprehension of the malady. It may not be acknowledged for long after, but I do not think it possible to find a case of general paralysis in a private asylum, in which the history would not clearly show derangement of mind occurring long before the approach of the paralysis, or noticed to be exactly synchronous with it. The educated mind betrays the soonest any deviation from sanity; a cobbler or even an omnibus conductor (such a case is quoted,) may continue his daily work long after mental disease has appeared, but this cannot be so with the statesman, the advocate, the merchant. The complex operations in which they are engaged, the amount of intellectual power habitually

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called forth, makes any aberration of the reasoning faculties instantly recognizable. The nature of their pursuits requires perfect intellectual integrity, hence any aberration of the mind is at once detected. Again the educated minds that must surround such men apply more delicate tests of sanity. We can imagine an insane tailor stitching, without betraying his delusions to those around him, before paralysis had actually incapacitated him for work; but that a man of cultivated intellect, busy in the battle of life, and surrounded by competent judges, can enter the paralytic stage of general paralysis without clearly showing aberration of mind, has yet to be proved. The line of demarcation between weakened intellect and absolute unsoundness, is difficult to draw, but it must surely be admitted that sudden diminution of mental power, followed by a special form of paralysis, then absolute insanity, and finally death, are all probably gradations of the one disease; and it may be, that it is only because our means of information are insufficient, or our observation defective, that in such weakened intellect we have not detected the existence of special morbid change, rendering the patient not only feeble in memory, and weak in judgment, but from the very commencement of his illness incapable of properly managing his affairs.

The initial symptoms of the corporeal derangement that accompanies general paralysis have received earnest attention, and are now almost universally admitted by all acquainted with mental disorders. The unequally dilated pupils, the intermittent pulse, the quiver in the lip, the awkwardness in the gait, have all been carefully studied, but the mental symptoms have not received the same amount of attention in their early stage of development. A curious instance of this is afforded by an expression that has crept into the reports and case-books, even of those who consider general paralysis to be a special disorder running a definite course; they speak of a class of cases as suffering under "incipient general paralysis," by which they designate those patients whose mental symptoms are such as to induce the fear of paralysis being about to supervene. These cases are, in fact, in the first stage of general paralysis, and it becomes of great importance that the mental symptoms that characterize it should be classified and rendered easily recognizable.

In addition to the obvious importance of as soon as possible detecting or foreseeing mental derangement, there is another reason, if the mental symptoms be truly stated to be always antecedent to, or synchronous with, more or less marked

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paralysis, that they should be studied not only by psychological physicians, but by those engaged in the treatment of general disease—it is in the beginning of the disorder that there is the greatest hope of cure. I will not now enter into the figures that demonstrate mental diseases to be curable, exactly in the proportion to the length of time that has elapsed before they are brought under special treatment; the fact is familiar to us all that patients suffering under recent mental derangement are as likely to recover from that as they would from any other disease, but that after a certain interval the chances of cure diminish in a direct proportion with the duration of the disease; may it not be possible that general paralysis, now rejected as incurable from Bethlehem, and considered irremediable by so many physicians, is only so, because not recognized and treated so soon as it should be. I do not mean that all patients who exhibit indications of incipient general paralysis are to be confined as lunatics, but certainly it would be well that those traces should not be overlooked, and that the attention of the medical profession should be called to the existence of a fatal disease, at present almost totally unknown to them, even in its second stage, and which might be oftener curable were they able to detect its nature, and thus delay or ward off its insidious approaches. I am strengthened in this surmise, by finding in the reports of an eminent physician, who considers general paralysis totally incurable, two cases of "incipient general paralysis" noted among the recoveries.

The earliest symptoms of paralytic insanity may be divided into those appearing in the moral faculties, and those which mark derangement in the intellect. It is not very easy to arrive at a diagnosis of the incubation of insanity, as its early stage has been called, but there is something special in that of general paralysis, which admits, I think, of a definite description. I must guard myself from the imputation of wishing to convey the idea that any one of the symptoms I am about to describe are such as to justify the physician in declaring that the man in whom it appears is necessarily insane. Each one is simply a link in a chain of evidence. If many such symptoms exist the patient is probably attacked with general paralysis; if one symptom only, he possibly may be; if in addition to one or more of these any indication of paralysis appears, however slight it may be, the diagnosis, I believe, becomes absolutely certain. Great irritability of temper almost always ushers in general paralysis. The distrust and suspicion, amounting so often to insane dislike of friends, that so fre-

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quently appear in the early stages of lunacy, are not present in general paralysis; on the contrary there is often exaggeration of affection, and some one of the family, or a stranger, becomes the object of excessive attachment. In the later stages, when this seems to be otherwise, it is not indifference, or want of affection, but simply weakening of the power of attention to external objects that causes familiar friends and relations to be received and dismissed without any visible emotion. Very often warm affection exists as long as any intellect remains.

Irritability of temper, violence of dislikes, though not so frequently as the reverse, sudden gusts of passion in those heretofore gentle and placid, indecency of words or acts in men of known modesty and propriety of demeanour, all mark the early stage of the disorder. This last symptom is sometimes very painful to the friends of a patient, who see him suddenly plunging into wild excesses, without suspecting such sudden moral perversion to be absolute insanity. "A change of character is observed, perhaps, from parsimony to profusion, or an unwonted carelessness of expense. The patient drinks and associates with persons of an inferior station; is as cordial and familiar with strangers as with his oldest friends; neglects his wife, and openly and warmly avows his admiration or his love of other women, even making offers of marriage to them; he becomes careless and negligent of his dress, and regardless of controlling his external wants, even in his drawing-room or before his family." Dr. Conolly—*Transactions of the British Medical Association.*

Sudden intemperance and gluttony is frequent—the beginning of the voracity of the second stage—remarkable timidity, even in the boldest natures, becomes observable, and there is usually an entire indifference to all religious observances, although this is not always the case; a patient of my own, a clergyman, during the early stages of his malady, insisted on reading the Church Service three times daily, a proceeding not at all consistent with his custom when in health.

The intemperance so constantly noticed in these cases becomes often a source of embarrassment in the diagnosis, and leads to the opinion that the disease is only temporary vinous excitement, and therefore easily curable. It is even possible that a species of *delirium tremens* may complicate the real disease. I have not, however, met with such a case, although I have seen several instances of the sudden adoption of intemperate habits, in the sufferers from

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this malady. "These perversions of the moral faculties," says Brierre de Boismont, in the recent discussion upon general paralysis, its nature, and symptoms, published in the *Annales Médico-Psychologiques*, for 1859, "do not render those so attacked, unable to carry on their affairs, or incapable of the duties of social life:" "Their families afflicted, and shocked, wonder at sudden acts of indelicacy, of impropriety, of immorality, for which the antecedents of the patient have not prepared them. They repair the damages, they make good the losses, they struggle to suppress complaints, at last this long and secret martyrdom is ended by the recognition of absolute insanity." A lady recently told me that the first symptoms that led her to suspect her husband's insanity, since clearly developed, was his having violently insisted that a picture he had recently, despite all her remonstrances, bought for the purpose, should be hung in the drawing room, although one, from the nature of its subject, obviously unfit for its intended position.

Enfeebled memory is the almost universal symptom of general paralysis, but this also is of a peculiar kind, and applies rather to the memory of recent events than to those of a more remote date. It appears to me that it depends more upon the loss of the faculty of attention, than of memory. Some patients attacked with general paralysis will retain very considerable power of recollection, will, for instance, play whist well, or tell stories, or sing songs, or repeat lines of poetry they have learned in former years, but the memory of the day's events is gone, the lapse of time is unheeded, the present moment is all they live for; in the jargon of phrenology their concentrativeness is lost, and they are quite unable to grasp new ideas, from want of power of mental application. A singular symptom results from their mental condition to which I have already alluded, if you shew a picture, or mention a name, or introduce a topic of conversation, the patient will repeat the same thought, rational or not as it may be, that this has before given rise to, and generally in the identical words; you may often predicate with certainty the exact remark, that will follow a special question. This form of invariable repetition is, I believe, peculiar to the *paralysie générale*, and is quite distinct from the repetition of his delusion in a monomaniac. Upon a certain round of ideas the patient is apparently perfectly sane, and if you do not interrupt him, will continue to appear so, until he has exhausted his *répertoire* of stories or observations. A very distinguished London clergyman spent two hours with a patient of mine, in whom, he said, he could detect no in-

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sanity, although this gentleman was in the second stage of undoubted general paralysis, and died shortly afterwards. I was not surprised at the opinion. The conversation that appeared so rational was in fact morbid, a certain circle of ideas were expressed in rapid sentences, they were not closely analyzed, and gave therefore no indication of unsoundness; close examination would have discovered that beyond them the patient could not travel, and that almost machine-like he merely repeated the same string of remarks; understanding them, but incapable of receiving new ideas, or expressing those he had in any other form of words. Unless the character of the disease is understood, these are cases which occasion much difficulty in the diagnosis; moreover, short lucid intervals may present themselves with flashes of memory under temporary excitement, or from the touching of some hidden chord of thought or feeling; thus the same gentleman, on receiving notice that a Commission of Lunacy was to be held upon him, sat down and wrote clear and precise instructions to a solicitor to appear in his defence, although in half-an-hour afterwards he had entirely forgotten the circumstance. It will, perhaps, be said that I have in this merely sketched the ordinary symptoms of weakened memory, and that even in semi-dementia the same temporary brightening of the memory may be observed; but I believe that in reality they differ very widely. It would seem that the memory is not so much affected in the early stage of general paralysis, as the power of attention; even in the later stages, general paralytics will write sensible letters, or play whist, if you can sufficiently rouse their wandering attention. A habit of reverie and entire self abstraction is an early symptom; if such patients are watched it will be seen that they seem talking to themselves, and later in the progress of the disease, they will, when alone, think aloud in a very singular manner, often repeating over and over again events in their life, not of any importance, but which have left strong impressions upon the brain.

Even when absolute delusions are present, they are very frequently of an apparently harmless character, and it seems often a most harsh judgment to give your opinion that a man is suffering under serious, perhaps hopeless brain disease, because he tells you with an air of profound conviction, that his fortune is invested at eight per cent., that he will be some day Lord Mayor of London, or that he can walk seven miles an hour.

There has been a statement made with regard to paralytic insanity, by a very distinguished practical physician, the

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superintendent of a large public asylum, which is so contrary to the experience of those engaged in private practice, that it can only be accounted for on the theory I have already suggested, that the educated and uneducated brain present a different type of disease. This gentleman has said, that patients suffering under paralytic insanity would not offer an insult or an injury to any one! This would lead to a very erroneous inference; it might be thought that patients attacked with general paralysis in the first stage were harmless, and unlike the maniac or monomaniac might be safely entrusted with their personal liberty. Setting aside the liability to sudden attacks of mania in these cases, and without taking into consideration the hazard to their fortune and reputation, which must be incurred if such patients are left uncontrolled, they are frequently highly dangerous to themselves and others. One of the first symptoms of his malady, in a late well-known Member of Parliament, was his assaulting in their places in the house, not only other members, but even some of the ministry; and his case was peculiarly one of expansive delirium. The most imminent danger I was ever in, was from an entirely unforeseen attack made upon me by a general paralytic, who noiselessly unscrewed the leg of a piano while I was sitting with him, and rushed at me, under the idea that I had stolen a cheque for £20,000 he had just placed on the table where I was sitting. Another patient set fire to the curtains of his room, and very nearly to the house, to burn out some one he fancied was behind them? The gentleman whose extraordinary and apparently harmless fancies about his power over animals, I have quoted, very nearly put one of my children into a water butt, under the idea that he should raise him again when dead, as a "more beautiful baby." Another patient, who was considered to be perfectly quiet, was removed to my house, because in the middle of the night he walked down to his kitchen, and beat himself about the head with a rolling pin he found there, till he fell down senseless, and covered with blood. The tendency to suicide, contradictory as it must seem to the character of the malady, is often strongly marked. Brierre de Boismont in one hundred cases, found ten with a propensity to self-destruction, and of 529 patients, M. Castiglioni found 80 who had made, or threatened to make attempts at self-destruction. General paralysis, therefore, frequently renders the patient dangerous to himself or others.

Timidity, although not peculiar to general paralysis, is a symptom very strongly marked throughout the whole course of the malady, and may in some measure account for the ease

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with which paroxysms of violence may be overcome, as a general rule, without the necessity of more than a look or word, from those whom the patient has learned to love or reverence. It must have been in cases of this description that Dr. Willis was so successful, governing the patients as he is said to have done, by his eye; a power, however, which seems to have singularly failed him in the treatment of the most illustrious of his patients. The docility of general paralysis has been remarked upon by Esquirol; he says, that such patients, although equally noisy and violent as the maniacal, have not the same obstinacy of resistance, nor the same resolute will.

The description that I have already given of the second stage of paralytic insanity, and the mental symptoms that specially mark it, the opinions that I have expressed, that the presence of a form of *dèlire ambitieux* is almost universal, will prepare the reader for finding that I consider the delusions of the first stage to be in reality only those of the second, concealed by the power of self-control still remaining, but cropping out at intervals, and sufficiently marking the special nature of the disease, which, perhaps, the symptoms affecting the intellect generally cannot be said to do, at least to so great an extent.

I need not apologize to psychological physicians for minuteness of detail in describing these prodromic mental symptoms; these initial appearances of delusion, although apparently insignificant, are of great moment, and I believe that upon their early discovery, and upon the appreciation of their importance, our only chance depends of rendering general paralysis as curable as any other form of recent insanity.

The same brain disorder that in its last stage is dementia, in its second extravagant delusion, is marked in its first approach, not only by the weakening of memory and moral sense that I have described, but by special delusion, which, although slight, are clearly identical with the mental symptoms of the second and third stages. It is true that these morbid impressions may be so trivial as hardly to justify the name of delusions, but they are, nevertheless, evidences of mental disease, and if not checked, too frequently and too fatally prove themselves to be so, by terminating in undoubted insanity, or hopeless dementia. Pinel, to whom the special malady we know as paralytic insanity, was totally unrecognized as a distinct malady, has, unconsciously, left us a finished picture of its first stage, in these words:—"A medical observer will often see in society the incipient traits of de-

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mentia, of which the finished forms are to be met with in hospitals. A gentleman, who had been educated in the prejudices of the ancient noblesse, was advancing, about the commencement of the revolution, with rapid strides towards this species of mental disorganization. His passionate effervescence and puerile mobility were excessive. He constantly bustled about the house, talking incessantly, shouting and throwing himself into great passions for the most trivial causes. He teased his domestics by the most frivolous orders, and his neighbours by his fooleries and extravagances, of which he retained not the least recollection for a single moment. He talked with the greatest volatility of the court, of his periwig, of his horses, of his gardens, without waiting for an answer or giving time to follow his incoherent jargon."

Pinel does not finish the history of the case, but it is precisely one that is constantly met with in private practice, and which whether there are or are not symptoms of physical paralysis, those accustomed to the disease will easily recognize as instances of paralytic insanity. It may be said that "incoherent jargon" would enable any observer to diagnose insanity, and that the case is hardly a fair example of the first stage: this is very true, but it is the shading added to the outline; the sketch is correctly drawn. Pinel has accurately described the first stage of the disease; the incoherence belongs, perhaps, rather to the second stage; with that exception the portraiture is complete; we can gather from the context, although it is not so stated, that in the case in question, the third stage was dementia.

The first stage then of general paralysis is easily recognized, if there be any physical symptoms—if these are not present, it is marked by vanity, exaggeration, boasting, extravagance of ideas, speedily passing into absolute delusion, and overt acts of insanity. These symptoms are easily to be distinguished from habitual eccentricity, or peculiarities of character, by the suddenness of their invasion. Extravagance alone, of course, does not justify the imputation of insanity, but sudden absurd extravagance in a heretofore prudent man should be regarded with suspicion, and it will often be possible to trace it to some delusion in the mind of the patient, for instance, that his fortune is, or will be, ten times greater than it is, in which case it becomes decided evidence of disease. Ridiculous boasting and conceit are no proofs that the boaster is absolutely insane; but if this absurd bragging is foreign to his general character, if his memory is at the same time weak, if his actions are foolish, and if he shortly afterwards becomes



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paralyzed and demented, the boasting, the failing memory, the folly, all become the indices of diseased brain, and the boasting is at once recognized as the first gradation of the *délire ambitieux*.

I met at a friend's house, about twelve years ago, a clergyman, aged fifty-four, a remarkably fine looking man; he had lived much in the country, and talked a good deal about horses and dogs, more than clergymen usually do; at dinner he attracted my attention by observing that the pears in his garden were larger than his hat, he stated this with an air of perfect conviction; after dinner he mentioned that he was the best billiard player of his year at Cambridge, and the best Greek scholar; on some one noticing this, he added, with great eagerness, that he was the only one who understood the Digamma. I fancied there was some slight tremor about his lip, but his speech was quite unembarrassed. I had never seen this gentleman before, but I was on intimate terms with our entertainer, and I mentioned to him my impression as to his friend's condition, and my opinion that there were symptoms in him of a peculiar form of malady, which, if unchecked, would end in absolute insanity and paralysis. Eight months afterwards this gentleman was brought to my house, in which he died, as I anticipated he would do, with unequivocal symptoms of paralytic insanity. His wife informed me, that at about the time I had met him, he was causing her great alarm, by sleeping with loaded pistols under the pillows of their bed; that his ideas had become extravagant; his temper irritable; he had spent large sums of money foolishly, under the idea that he was richer than he was; and had taken a sudden aversion to her, and had even attempted to kill her, and furiously attacked their medical attendant, who had placed him in restraint, and treated him for two months for *acute mania;* two powerful attendants were placed with him night and day, they had brought him to my house with great difficulty. The removal of all restraint, and change of treatment instantly brought out the true character of the malady. Mr. —— became quiet and composed, his principal occupation was writing letters to tradesmen, ordering various articles of furniture and jewellery, with large cheques, as he considered them, enclosed; he had occasionally, under various delusions, fits of violence lasting about half-an-hour, in one of these he attacked me, as I have before described, with the leg of a piano-forte, under the idea, as he afterwards explained, that I had stolen a cheque for £20,000; his speech was somewhat affected, but

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when excited he spoke volubly and well, and was fond of reading aloud; his muscular strength remained unimpaired for some months; his delusions were, that he was the richest man in Europe, Duke of Devonshire, and Marquis of Westminster, he was going to marry Lady Blessington; he had won five millions of money at the last Derby; had bought the Vatican and the Fleet Prison, and intended to build a palace with the materials; he insisted that he sang beautifully, and I was obliged to devise all sorts of excuses to prevent his constantly reading and singing aloud, which he would do till quite exhausted. He would sometimes for days together, be to all appearance rational, saw his family with pleasure, but allowed them to leave him upon frivolous pretexts, and shortly forgot their absence. He never wished to leave my house, or seemed aware that he was under confinement. Two years after I first saw him, while at dinner, he had a sudden epileptoid seizure with convulsions, lasting for a quarter of an hour, followed by coma of seven hours duration; after this the physical paralysis made rapid and obvious progress, and in twelve months afterwards he died comatose and insensible, after having been for three months stretched upon a water-bed unable to move hand or foot. In this gentleman, the muscular system was remarkably well developed, their reflex action continued strong long after complete paralysis had appeared; and I may also mention here, as an instance of the value of the water-bed in these cases, that the sores from pressure were entirely obviated, although the tendency to their formation was so great, that before recourse was had to it a slough formed in the calf of the right leg, which Mr. —— was in the habit when sitting, of crossing upon the other. It is a very common delusion in patients affected with general paralysis, to imagine that their voice is very powerful, and that they are excellent singers, this may be very frequently remarked, and it is probably owing to the attention of the patient being specially directed to the muscles of articulation, which are usually the first attacked; and with the peculiar and happy form of delusion that characterises the disease, the very organ that is deteriorated, is the one imagined to be so highly endowed. This contentment, this *bien-être* of patients, in all stages of general paralysis, is very remarkable; they always declare they are perfectly well, there is an invincible *optimism* about them, every one they meet is the best fellow in the world, they are charmed with everything they see, their spirits are almost always good, their cheerfulness ever unabated; in other cases there is a more stupid contentment, but it is still the same, such patients smile when you address



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them, and tell you they are happy and well, if you ask them questions, they will often answer rationally and collectedly; a stranger will, perhaps, wonder why they are in confinement at all, yet such are usually cases of hopeless disease, and outside the walls of an asylum become discontented and restless, troublesome and dangerous, from the absence of medical treatment, and the impossibility of exercising over them, except under particular circumstances, the proper moral control.

Although it cannot often happen, as M. Pinel has observed, that cases of general paralysis come under the notice of alienist physicians until the disease has made considerable progress, yet in those patients who have remissions, or in those who recover as the symptoms gradually yield to treatment, we see them in their reverse order. The following case illustrates this. Mr. ——, a merchant in the city, became extravagant and boastful, declared that he was about to marry a lady who had given him no encouragement, and that he should order a service of silver plate for the wedding. I saw him soon after, he was then in his brother's house, under the charge of two servants, with whom he had constant contests, he spoke of his powers of walking, of the probability of his being Lord Mayor; complained bitterly of his confinement, and the cruelty of his attendants. He had been taken to the theatre, there he became excited, spitting on the people near him; on his return home, he tore with a nail, the lining of the carriage. He was brought to Chiswick, he willingly stayed there, he was always satisfied to hear that he should be free next day; he saw his relations frequently, always once a week, sometimes oftener, his health much improved, his delusions all disappeared, except the fatal *contentment*, and the impression that he was about to be married. He always persisted in saying that he was on a visit at Chiswick, and that he should not stay much longer. By twelve months there was an almost perfect remission of the symptoms of mental disorder, at the end of that time he went down to the sea side with an attendant; he did not return to my house, but I have since frequently seen him; he has become almost imbecile, and nearly quite paralyzed, says he is dead, but eats and drinks well, cannot walk, but is taken out in a carriage; he has had several severe epileptic fits, and will not probably long survive. In this case there seemed to be an arrest of the disease in the first stage, and I think it possible there might have been eventual recovery if he had continued under treatment. It may be said that the delusion of being in perfect health, is almost pathognomonic of general paralysis; patients totally unable to move, swallowing with difficulty,

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unable to do more than stutter out a few sentences, will yet assure you that they are "quite well." The absence or the decrease of sensation, and the consequent avoidance of suffering assist this. I once saw a paralytic with a very large carbuncle on his neck, rub it with a towel, and declare that it was of no consequence, and that he was in excellent health. The strongest instance of this contentment was in the case of a gentleman who became totally blind, and yet to the last declared that he could see perfectly, and I really believe imagined that he did!

Patients who are recovering from general paralysis, or in the pseudo-lucid intervals, which are common in the malady, will sometimes deny or conceal their delusions, and even with the clue that familiarity with their cases must give their medical attendants, it is not easy to demonstrate the existence of morbid impressions. A gentleman who was setting off for a tour with his medical attendant, was considered by him as nearly convalescent; I did not quite agree to this opinion, but there were certainly no absolute delusions to be discovered. The patient had had well marked *dèlire ambitieux*, had thought himself an earl, and entitled to large territorial possessions; but he now strongly denied that such was his impression at that moment; I found, however, shortly before he started, that his Bradshaw's Guide, and some other books had been marked by him for the journey in the name of his assumed title; in a few weeks he was almost as deranged as ever. In this case, the correctness of M. Jules Falret's remark as to the "coherence in the delusions," marking paralytic insanity, was very well illustrated; this gentleman's insanity not only fell under Locke's well-known definition, and left him able to reason rightly from wrong premises, but it also led him to account for, and to give plausible grounds to justify his belief in some, at least, of the erroneous premises. This peculiarity in the delusions may often be seen in general paralysis, and has been mentioned as affording a distinctive mark between it, and expansive delirium, arising in other forms of mental disease. I believe its pathognomonic importance is rather over-estimated; the most marked case of expansive insanity I ever saw, was that of a gentleman, who imagined himself the son of George IV., and really gave very plausible reasons to convince his brothers that he might have been the son of Mrs. Fitzherbert. Insanity that "wears a reasoning show" is common in many forms of monomania, and almost constant in hypochondriacal insanity. Perhaps, the true reason why the delusions of general paralysis appear more plausible is, that they so much oftener turn upon the

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fancied possession of riches and rank, which as being possible, admits of argument. But the general paralytic is frequently as monstrously absurd in his assertions as the most deluded monomaniac, and if he should fancy himself the Deity, as patients attacked with general paralysis sometimes do, the delusion can not be more coherent, than that of the monomaniac who imagines the same thing; probably the reverse, will be the case; coherence of delusion then, although frequent, cannot be considered as pathognomonic of any particular form of mental derangement, excepting perhaps hypochondriasis.

In tracing back symptoms that have ended in absolute insanity or dementia, it may become a matter of great moment to demonstrate the exact period at which the unsoundness of mind can be said to have commenced. Dr. Forbes Winslow, in his recent work on "Obscure Diseases of the Brain and Mind," states, that he has known, he does not say that he has seen, the premonitory stage of general paralysis to exist for five, or even ten years, the patients during that time having exalted, grand, or ambitious ideas, without the mind having "presented any decided or recognized symptoms of alienation." The two cases given by Dr. Winslow would be more satisfactory, if the physical symptoms had been described; as they are, however, they curiously demonstrate that the "coherent delusions" of general paralysis are not "recognized" as insanity, at least by the friends of a patient, simply because they happen to be *only* "absurd and extravagant;" Dr. Winslow can hardly seriously mean, that he, himself, would not have detected mental derangement in these symptoms which formed, as he terms it, the "premonitory stage" of the general paralysis, he says:—"I have known this tendency simply to distort facts and look extravagantly at the bright side of everything, through an intensely magnified and highly coloured because *morbid* medium, (when the actual circumstances of the party did not in the slightest degree justify such sanguine ideas,) to exist for five or even ten years, before the mind presented any decided and recognised symptoms of alienation!" We may suppose the "*morbid* medium" is the brain, and although I by no means think such cases should be put into confinement as lunatics, I must conclude that such ideas are more than simply extravagant, and that they are in fact absolute delusions, inasmuch as they are erroneous impressions, arising from either functional or organic disease of the brain. Cases of this nature, falling under the observation of less practised physicians, than Dr. Winslow, those who do not recognize the tendency to ex-

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aggerate or distort facts, as any evidence of morbid action of the brain, which in such instances it undoubtedly is, have led to the erroneous assertion that general paralysis may occur without any mental symptoms at all. Moreover, any hesitation or failure in the diagnosis of such premonitory symptoms, as constituting mental unsoundness, may lead to very distressing results; I have known in three instances, the fortune of the patients to have been almost destroyed, the prospects of their families ruined, because the medical men in attendance were ignorant that this, the most serious brain disease we know, may be indicated in its commencement by these very slight manifestations of intellectual disturbance.

It is almost the rule in the early stage of paralytic insanity, that in cases in which extravagant ideas, or acts of folly are present, the physical signs are sufficient to shew at once to the physician accustomed to treat such disease, that the brain is the seat of the mischief. I met recently one of the most distinguished of our general physicians, in consultation, on a case of mental derangement in which he suspected approaching paralysis from sudden violence and extravagance. I was inclined to think more hopefully of the case. The patient when I saw him, was collected enough to reply rationally to my questions; but while talking, he stopped suddenly, became faint, and nearly fell from his chair, this was one of the characteristic seizures of general paralysis, and I had then no longer the slightest doubt as to the nature of his disease. I have described these seizures already, and should not have alluded to them again in this account of the prodromic mental symptoms of paralytic insanity, were it not that I find such an attack described by Dr. Winslow as a mental, rather than a physical symptom. In his chapter on the morbid phenomena of attention, he mentions the case of a lawyer, who was observed to stop "whilst speaking, as if his ideas were momentarily paralyzed." Two years afterwards this gentleman had a "slight epileptiform seizure," he became finally the subject of an acute attack of brain disease, and died at last insane. It is not stated that he was ever attacked by paralytic insanity. I have had the fortune to meet a precisely analogous case. A solicitor in very extensive practice, was accustomed almost every evening of his life to play whist; on two occasions that I met him, I observed that sometimes after having bestowed particular thought upon the card he was about to play, his hand would be arrested while in the act of placing it on the table, and there

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would be a distinct interval of absolute unconsciousness; if he had been speaking instead of playing cards, this interval would have been exactly the "paralysis of ideas" described by Dr. Winslow. Within a few months afterwards, I was examined as a medical witness, on a commission of lunacy, taken out against this very gentleman, who within two years died of general paralysis in an asylum near London. A late physician attached to St. George's Hospital, suffered under the same species of epileptiform attacks for many years before his death, although they did not for a long time prevent his continuing the practice of his profession. Such seizures are not necessarily connected with general paralysis, although they are so frequently concomitant with it. The attack constituting the *petit mal* of the French divisions of epilepsy and a still slighter form of this same affection, for the recognition of whose true nature, I am indebted I believe, to a very distinguished practical physician, Dr. Browne, one of the commissioners in lunacy for Scotland, may be noticed in some cases of general paralysis. In these the final words of sentences are cut off, not from muscular inability, as they often also are, but from a kind of epileptic spasm, that cogs for a brief moment the intellectual machine. "Some epileptic patients," says Esquirol, "present only a simple convulsive movement of a limb, or of the head or lips, or a general shivering, followed by rigidity; sometimes have only a SENSATION AS OF BEING STUNNED, WITH A MOMENTARY DEPRIVATION OF THOUGHT." This symptom, then, is something far more than a disorder of "attention," it marks very grave disease, and is the index symptom either of general paralysis, or of some other most serious derangement of the central organ of the intellect.

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*Observations on the Size and Construction of Lunatic Asylums.* By JOSEPH LALOR, M.D., Resident Physician of the Richmond District Lunatic Asylum, Dublin.

It is only after much thinking, and with much hesitation, that I venture to advocate in the following pages, principles as to the size and construction of lunatic asylums, which I believe to be at variance with those upheld by the highest

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