

is evident that a central hospital with its gardens, and a cottage system, will require more than thirty acres of ground.

If, then, in conclusion, the foregoing observations are founded on just principles, it must be obvious that it is not advisable to commence a benevolent asylum on anything like £3000, as the promoters of the Metropolitan Asylum contemplate doing. The result must be a painful struggle for existence on the part of a meritorious object under most unfavorable circumstances. Would it not be better to ask for £20,000, and to declare that the asylum will be constructed on the best possible principles, and will embrace the cautious application of the cottage system; that, furthermore, excellent accommodation will be afforded to those who can pay well; that the best medical skill will be obtained; that no one will have any selfish interest in the establishment, but that all profits will be spent upon the patients? Will not such a definite programme, and so just an appeal, draw forth a satisfactory response from the public? A provincial town raised £30,000 for the benevolent object; London and its neighbourhood will surely not refuse £20,000. It will not, however, do it in consequence of feeble, querulous advertisements, which breathe indecision and want of heart. Instead of the weakness of complaint, there must be definite aim in the purpose, system in the plans, and energy in the action; and then, assuredly, there will be reacting force elicited which will carry the project to the top-most heights of success.

On the treatment of Hallucination by Electrization.

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So much difficulty is experienced in producing the slightest alleviation of the sufferings of those affected with that form of derangement of the nervous centres which gives rise to what has been termed a *hallucination*, that the suggestion of any means by which this disease can be directly attacked, must be regarded as a decided advance in the treatment of this affection. Such a suggestion has recently been made by M. Baillarger, of Paris, in the recommendation of electrization.

As this mode of treatment is, however, still in its infancy, instead of discussing it at length, and entering upon its supposed mode of action, I will here at present confine myself to the description of the following case, in which I have found it prove successful :

W. T—, æt. 50.—Melancholia. Admitted 15th January, 1850.

History.—Married, and the father of a family; a mechanic. He is of the Presbyterian religion; common education, and nervous temperament. Originally of a cheerful disposition, sober and industrious habits, and average intelligence. The disease is of three months' standing.

Symptoms on admission.—He is reserved, melancholy, complains of being ill, and that he feels an impediment about his jaws when he speaks, and also at the root of his tongue. He has told his friends that he has felt both suicidal and homicidal promptings. He does not stand firmly upon his legs, and says that they are occasionally cramped. His lips are slightly tremulous, and he has an ulcer upon anterior aspect of left leg. The cause of his mental condition cannot be traced proximately. His father, however, suffered from melancholia. Tongue slightly loaded. Pulse 96; skin natural. Was treated with mercurial purges, &c., but with little benefit.

On October 16th, 1852, his symptoms were as follows: "Still suffering intensely from melancholia. He is tormented by the delusion that he is one of the monsters of iniquity alluded to in the Revelations, and that he is to be the means of bringing awful calamities upon the world. He can find no comfort, no consolation in anything, and wishes that he was out of existence. He says, however, that he cannot destroy himself. He seems to have undergone little or no change since admission. He refuses all kinds of aid, whether in the form of medicine or advice, and becomes very ill-natured if these be pressed upon him."

From this date to the 25th May, 1860, his malady appears to have undergone not the slightest change. His symptoms then were as follows: "very excited and miserable; says he is cursing God, and cannot help it."

June 7th.—Has been much excited for last three days. Is very melancholy, exclaiming, "Oh, God! what will I do!"

Has not as yet shown suicidal tendency. About this date he began to suffer much from hearing voices and noise in his ears. His sight was also considerably affected.

On the 29th October, 1860, he began to suffer from slight epileptic fits, which threatening to become more severe, he was put on a course of belladonna and quinine, which not only had the effect of removing his tendency to epilepsy, but also of greatly improving his general health. He continued, however, to suffer much from noise in his ears, hearing voices, &c., especially at night. As these symptoms gave him much uneasiness, and frequently prevented him sleeping at night, I resolved to try the effect of galvanism, and, accordingly, on the 28th May, 1861, I applied the wires to his ears, continuing a pretty strong current for about five minutes.

The effect during the application was greatly to increase the noise, the patient stating that it appeared to come from a corner of the roof.

On the 29th, the patient stated that after the operation he was free from noise in his head for about nine or ten hours, and that it recurred on his going to bed. The operation was again repeated for about seven minutes with a similar result, namely, total cessation of noise for a period of ten or twelve hours. The galvanism was accordingly continued for about ten minutes, daily, for a fortnight, the noise remaining away for a gradually longer and longer period, till it ceased returning altogether. Relieved from these distressing symptoms, the patient soon began to occupy himself industrially, and is now quite convalescent, having to a great extent recovered his former cheerfulness, to which he has been a stranger for eleven years and a half.

On the Pathological Elements of General Paresis or Paresifying Mental Disease (Paralysie générale). By DR. E. SALOMON. Translated from the original Swedish, by WILLIAM DANIEL MOORE, M.D. T.C.D., M.R.I.A., Honorary Member of the Swedish Society of Physicians and of the Norwegian Medical Society, Corresponding Member of the Royal Medical Society of Copenhagen.

INTRODUCTION.

General paresis, paresifying mental Disease, or in Latin *paresis generalis*, that is, paresis of mind and body, *insania paresans*, are terms applied to the form of mental disease generally known under the French denomination of *paralysie générale*.*

The synonyms of this disease are particularly numerous. Among the most important names in use with authors I may enumerate the following:—*dementia paralytica*; *paralysia generalis progressiva*; *paralysis progressiva*; *anoia paralytica*; (1) *dementia paralysans*. (2) The French have called it, *aliénation ambitieuse avec paralysie incomplète* (Bayle); *démence paralytique*; *folie paralytique* (Parchappe); *paralysie générale incomplète* (Calmeil); *paralysie générale progressive*; &c. The Germans term it *Geisteskrankheit mit Paralyse*; *allgemeine progressive Gehirnlähmung*; *paralytischer Blödsinn*; &c.

* "*Paralysie générale*" is a singularly inappropriate term; for he who is generally paralysed is certainly dead, and not living.