

divided aphasia, I shall speak shortly of those patients who, having only a very few words at their command, are still enabled to swear or utter ejaculations when under the influence of passion. The explanation of such cases appears to me very simple. Oaths are, under such circumstances, emotional and automatic, being uttered without the interference of the intellect or the will. They partake of the nature of reflex phenomena, being excited by stimuli from without, and being uttered without the consent of the individual.

In conclusion, I have only to make a single remark on the intellectual condition of aphasics. In all of the cases of aphasia which I have seen, the intellect was decidedly weakened, but certainly not to such an extent that the abolition of speech could have been due to an abolition of ideas. I believe, therefore, that the loss of intelligence does not necessarily enter into the definition of aphasia, as it is probably due to the extensive softening of the cerebral gray matter which is found in most confirmed cases of the affection.

II. *Cases illustrating the Diagnosis of Paralytic Insanity, with Remarks* (partly translated from the French). By G. MACKENZIE BACON, M.D., Assistant Medical Officer of the Cambridgeshire Lunatic Asylum, Fulbourne.

THE ordinary features of so-called "general paralysis" are so familiar to those who treat the insane in numbers, that they are apt to regard its diagnosis as a transparent and very easy matter. It happens, however, sometimes that cases arise which offer all the prominent early signs of the disease, and yet do not go on to a fatal termination. In such instances the mental symptoms are not merely arrested for a time, but the patient to all appearance recovers. It is not unimportant to bear this fact in mind for other than pathological reasons, as a too positive prognosis might recoil unpleasantly on the giver were it refuted by an unexpected recovery. There is, probably, no disease of the brain about which we should be more ready to give a positive opinion than general paralysis, for its symptoms are, as a rule, easily recognised, and its course is so uniform; yet this very fact is liable to produce a false security, and so sometimes to favour error. The most distinctive signs of this disease are allowed to be the grand or optimistic illusions and incoherence which precede any actual palsy; and, knowing that these symptoms are most frequently followed by certain destructive changes in the brain, we are

apt to assume that the former must always terminate in the latter. This, however, is not an infallible rule; but one seldom hears of the exceptions. The following cases occur to me as illustrating this view of the subject: they have no special features of interest except as representing the minority, and for that reason are the more instructive.

CASE 1.—John S—, *æt.* 40, a tailor, was admitted into the Cambridge-shire Asylum May 1st, 1863.

This was stated to be his first attack, and of only a fortnight's duration. His mother and brother died insane. When admitted, he was described as "a fine, well-made man, suffering from much excitement, very talkative, and with excessive optimism, without signs of paralysis. Talks of being the cleverest man in the world, possessing great wealth, great strength, &c. All his remarks consist of exaggerations. Health not much impaired." He was, during the first few weeks, very violent and excited at times, and anxious to display the extraordinary powers he thought he possessed; but by the end of June he was more quiet, and worked at his trade, at which he was very skilful. At that time, however, he talked with the greatest amount of optimism, as to the quality of his work and the amount he could do, &c.

He improved gradually, becoming more quiet and steady in his habits, and not showing the same caprices of conduct; but he continued to talk in the same exaggerated style—not a mere boasting on his part, but a genuine belief in his strength and abilities. After a period of probation, he was discharged recovered in November 1863. He has since earned his living as a tailor; but his conduct has been marked by extravagances and oddities difficult to reconcile with a sound state of mind. He is now (June, 1866) in good health, living at large, and much the same in mind.

CASE 2.—Edward M—, *æt.* 49, married, a wheelwright by trade, was admitted into the Cambridgeshire Asylum August 18th, 1864.

There was some hereditary taint, and a previous attack was said to have occurred. An outbreak of violence led to his being sent away from home. The certificate mentioned "extreme restlessness and excitability. Incoherence, and threatened violence to those about him. Destruction of household furniture, cruelty to his children, robbing his neighbours of poultry and rabbits, &c."

At first he showed no signs of insanity, but after a month he became incoherent and talkative. He had then unequal pupils, tremor of the facial muscles, and talked in an incoherent and exaggerated style. He afterwards got destructive, tore up the bed-clothes, and collected rubbish of all sorts, such as pieces of wood, string, glass, rags, and useless articles; he also said he was well off, and offered to write cheques for large sums of money. He was always repeating that he felt very strong and never was better in his life, and would write incoherent letters every day. Sometimes he was very abusive, and after swearing and declaiming about his ill-usage, would begin to cry, and then give way to some fresh emotional disturbance. About April, 1865, he improved, ceased to be mischievous, and employed himself steadily. In July he was discharged, on the application of his wife, after a month's probation, and has not returned to the asylum.

In the first case the exaggerated delusions were very remarkable, and would have led many people to anticipate general paralysis; yet,

though these remained in a greater or less degree, the patient improved in other respects, and sufficient time has now elapsed—setting other reasons aside—to prove that the case was not what it seemed likely to be at first.

The second case, perhaps, more nearly resembled ordinary general paralysis; the partial dementia, destructiveness, tremor, and delusions as to wealth, &c., all pointing to such a conclusion. The man has, however, since his discharge, returned to his business and continued well. It is also curious that he had, according to his wife, shown similar symptoms two years previously, and quite recovered from them. It must be admitted that persistent optimism is hardly known in any other disease than general paralysis, which is necessarily fatal; and this makes the anomalous cases the more striking.

In connection with this subject, I have read with interest an article lately published in the '*Annales Medico-Psychologiques*,' by Dr. Munoz, who has had charge of the asylum at Cuba. Familiar with general paralysis as seen in this country, he mentions a class of cases which have occurred to him, in which, though all the early signs of this disease have been developed, the subsequent history has belied his unfavorable anticipations. His experiences on this point are valuable and clearly recorded. In Cuba, the differences in race, climate, and in the conditions of life are so considerable as to make a comparison of general paralysis as observed there and in Europe a matter of some interest, and the author's conclusions as to the relative frequency with which the mixed races in the island are attacked are rather striking.

I subjoin a translation of Dr. Munoz's paper, which tells its own tale too ably to require any further introduction:—

“The population of the island of Cuba is composed of a mixture of several races—of native and European whites, both of whom are for the most part Spaniards; of African negroes, of native blacks and creoles; and, lastly, of Chinese, who were introduced into the country some fifteen years ago in great numbers, in order to stimulate colonisation. This circumstance, as may be supposed, has given me the opportunity to make a comparative study of insanity among all these different people. I have thus been enabled to study the forms under which insanity shows itself among the negroes, the Chinese, and the native whites; the relative frequency of these forms, their course, termination, and variation.

“For the present I will confine myself to an explanation of those facts relating to general paralysis that I have observed in Cuba. The population of Cuba is about 1,200,000, and this total is thus composed—viz., 700,000 negroes and creoles (of whom 400,000 are natives), 300,000 native whites, 150,000 European whites (mostly Spaniards), and 50,000 Chinese. Among the natives (including whites, negroes, and creoles) the proportion of the sexes is nearly

equal. Among the negroes imported from Africa there is a disproportion between the sexes, the women being to the men as one to two; but among the whites who come and settle in the country the disproportion is much more considerable, the men being to the women at least as four to one. As regards the Chinese, they are all of the male sex. From these facts it results, of course, that the women are much less numerous than the men in the whole population of the island. The numbers in the asylum at Havana (the only one for the island) were, on January 1st, 1865, as follows:—men 334, women 136—total 470. Of the men, 120 were native whites, 94 foreign whites (Spaniards and Canadians for the most part), 96 negroes and creoles, and 24 were Chinese, while of the negroes 24 were Africans. Of the women, 46 were whites (natives mostly), and 90 were negresses, of whom 34 came from Africa. The enormous difference existing between the number of male and female insane is explained, not only by the disproportion existing between the two sexes in the general population of the island, but also by the custom which obtains in the country of keeping insane women at home, the idea of placing such patients in a public hospital being opposed to the general feeling. It is also to be remarked—and this is still more curious—that the number of the white population insane is nearly one fourth of the whole larger than that of the black, the negro population of the island being nearly twice as large as that of the white; for the insane negroes are to the sane as 1 to 3500, whilst the insane whites are to the sane in the proportion of 1 in 1666.

“From these facts we may conclude that insanity is twice as common among the whites as it is among the blacks.

“Having established these facts, I shall now give the results of my observations relative to the frequency of general paralysis among these different people.

“In order to thoroughly understand the conclusions that I shall draw from this paper, I must remind the reader of the opinion held by some distinguished authors as to the intimate connection existing between the ordinary commencement of general paralysis and ambitious mania.

“I believe also that the majority of alienists now hold this opinion—viz., that general paralysis usually commences with marked exaltation of the faculties, delirium of a grand or ambitious character, embarrassed speech, tremor of the lips, inequality of the pupils, &c. This fact being established, we must admit that in the case of a patient in whom these symptoms are well marked, every physician must give an unfavorable prognosis, suspecting the probable existence of commencing general paralysis. We shall see, however, that this opinion may sometimes be quite wrong.

“ This is what happened to me at an early period of my residence in Havana, and further experience at the asylum of which I have had charge has enabled me to confirm it. In June, 1862, I was summoned to a rich proprietor of Havana, a native of the country, and about forty-eight years of age, who was attacked, for the first time, with ambitious mania, hesitating speech, tremor of the lips, inequality of the pupils, and weakness of the legs. The disease had existed for more than a month, and did not seem in any way influenced by the different modes of treatment already adopted. In view of the symptoms presented by the patient, my prognosis was entirely unfavorable; and the friends, alarmed thereat, had recourse to another physician. I cannot say what treatment was adopted in this case; but of this I am sure, that in September, 1864, I saw this individual in a most satisfactory state. This is not the only case of this sort that I can mention, for in the same year (1863) I saw two other patients also attacked with ambitious mania, combined with some symptoms of general paralysis; the one aged thirty-eight and the other forty-two, both natives of Cuba, and neither having had a previous attack. I made the same prognosis as in the preceding case; and, to my great astonishment, I saw the former of these patients recover at the end of about three months, and this satisfactory state of health has continued; indeed, I saw him about eight months ago perfectly well. As regards the other patient, who was placed, like the former, under private care, his state improved at the end of four months' confinement; but the friends, whose means were rather restricted, determined to place him in the public asylum. He remained in the asylum about two months and a half, and, upon being thought well, was discharged. Eight months after, a second attack, of the same nature as the former one, came on, and he was brought back to the asylum. The simple dementia became confirmed in a short time; but no symptom of general paralysis showed itself until April, 1864, at which date the patient was attacked by internal inflammation, which carried him off.

“ The autopsy showed us decided injection of the cerebral mass, a certain amount of serous effusion, and slight adhesion of the membranes. During the years 1863-64, I registered at the asylum eight cases, on the male side, of ambitious mania, accompanied by signs of paralysis, among the native whites. Three of these patients, admitted in 1863, left in good health after four or five months' residence in the asylum. They have not returned during 1864 and the first eight months of 1865. Of the five other patients, one died of acute delirium, which came on in the course of a paroxysm of mania; three remained in the hospital, although improved; the fifth fell into paralytic dementia, and, at the time of my leaving the island, was almost dying, with diarrhœa, extreme wasting, sloughing sores on the sacrum and thighs, &c. This is the only well-developed

case of paralytic dementia that has come under my observation, either in or out of the asylum, among the native whites, since I have practised in the island. I should mention here that these individuals are generally very sober, their only drink consisting of water, sometimes mixed with a little red wine, and that taken with the meals. In point of excesses, the only ones they indulge in are of a venereal nature—the climate predisposing to an increased animal temperature, which is a frequent cause of excitement of the genital organs. The repeated exposure to the sun (to which so many are liable in the island) may also have a certain influence in determining the attacks of mania, this form of insanity being that most commonly observed amongst those subjects; but I have met with several cases of general paralysis among the white natives of Europe and North America. Thus, I had the care of, at the asylum, two Frenchmen, who died in a state of paralytic dementia: the first of these was only six months in the hospital, the second succumbed after a year's residence, and both had, from the first, well-marked ambitious delirium, hesitating speech, tremor of the lips, &c. I have also seen two North Americans die at the asylum from general paralysis, the disease being prolonged for eight or ten months. These patients had, from the commencement of the disease, excessive excitement, ambitious delirium, and embarrassed speech. An Italian, fifty years of age, entered the asylum attacked with paralytic dementia. He had maniacal excitement, with incoherence and embarrassment of speech, tremor of the lips and also of the limbs, unsteady gait, unequal pupils, ambitious delirium, and excessive emaciation. He had had, at first, an attack of cerebral congestion. At the end of five weeks' residence in the asylum he became more calm, and boils then appeared on different parts of his body, on the back, the left arm and leg. These had the character of true carbuncles, and increased to the size of a five-franc piece. They ended in a free supuration; and, as this proceeded, the symptoms, at first undecided, progressively diminished. The treatment followed in this case consisted in the use of repeated purgatives (aloetic pills), lemonade alternating with sarsaparilla, and, generally, warm baths during the paroxysm of excitement. The patient, after the fourth month of his residence, was evidently better; he had gained flesh, slept well, was more reasonable, and asked to see his son, the only relation he had in the country. I do not know what was the fate of this patient, having left him in this state on my departure from Havana. Among the native Spaniards that we received at the asylum during three years, I have noted about ten who were attacked with paralytic dementia; most of them presented at the commencement maniacal excitement, and in all of them, without exception, I have found, from the beginning, embarrassed speech and extreme ambitious delirium.

“ Among the white women I have only had two cases of paralytic

dementia, and both these women were natives of the Canary Islands. The disease had commenced, in both cases, with an attack of ambitious mania and embarrassed speech. One of these women died at the end of ten months' residence in the asylum; the other was still there when I left Havana. I have also observed general paralysis among negroes, but much less frequently than among the native whites of the north. In a considerable number of coloured people that I have had to treat during my three years' residence at the Havana asylum, numbering about 300, I have noted nine cases of general paralysis—three men and six women. I should mention that these people are generally less sober than the whites; the drink that they generally take is tafia (spirit from the sugar-cane). On the other hand, they take little food, and commit excesses of all sorts. Paralytic dementia among the negroes presents constantly the same symptoms, progress, and termination as among the whites. In the three well-marked cases of this affection I have noticed among coloured men, there was from the first maniacal excitement, ambitious delirium, tremor of the lips, and embarrassed speech. The disease had lasted in one case eleven months, in another thirteen, and in another fifteen. If the sphincters have been paralysed early, the disease has always terminated with diarrhoea, marasmus, and gangrenous sores. In these three patients there was muscular contraction, the neck being bent forward, with permanent flexure of the legs on the thighs, and of the thighs on the pelvis. The autopsy revealed, in these three subjects, the same appearances as those mentioned by authors in ordinary paralytic dementia—viz., softening of the cortical layer of the brain, most distinct in the anterior lobes; adhesion of the membranes, abundant effusion of serum, granular state of the gray substance, and visible diminution in volume of the cerebral mass, &c. I should remark here, that among the native negroes, as well as among the native whites, I have observed ambitious mania, combined with tremor of the lips and embarrassed speech, and it has always terminated in paralytic dementia. I could cite two examples of this sort which occurred to me at the Havana asylum. It is common to find among the negroes grand delusions, not combined with excitement nor depression of the faculties, and without incoherence, preserving for years the same character, and terminating nevertheless by a weakness of the intellectual faculties. There is often to be observed in these cases a little lassitude in the movements, in great contrast to the natural excitement of character, which offers a certain analogy to that of epileptics. The patient becomes more violent, sullen, and sometimes ill-disposed. According to the figures which I have given above, it seems that, in the black race, contrary to what is observed in the white population, dementia is more common among women than men. I should also remark that, of the nine negro patients that I have noted, two thirds were natives of

Africa. From this observation, we may infer that among negroes, as among the whites, general paralysis is in Cuba much less frequent than among foreigners. I have observed in the case of two paralytic negroes, congestive phenomena, unusual at the commencement as well as in the course of the disease; a profound stupor, swelling and redness of the face, full and frequent pulse, and absolute mutism. These phenomena lasted some days, and then disappeared, to return later; but the symptoms of paralysis became more and more marked at the end of each attack. This form of congestion and paralysis, which is much more common in women, has been pointed out by M. Baillarger in his clinical lectures at the Salpêtrière. Of six cases of ambitious mania accompanied, from the beginning, by embarrassed speech, that I have observed in coloured people, two thirds were of the male sex. This fact seems to me the more curious, as I have proved the contrary to be the case in paralytic dementia. I think I can, for the present, make from this short paper, as far as regards paralytic dementia, the following conclusions:—

“1. That paralytic dementia is, in a general way, rare in the island of Cuba.

“2. That almost all the cases of this nature observed in this country occur in foreign whites, and in a much smaller proportion than that which has appeared to be the case in temperate climates.

“3. That among the natives this disease is rare.

“4. That we often find cases of ambitious mania which do not terminate in general paralysis.

“5. That paralytic dementia is more common among the negroes than the native whites, although it is more rare among them than it is with whites of temperate countries.

“6. That in the black race paralytic dementia is, contrary to what is observed in the white race, more frequent among women than men; while ambitious mania not followed by general paralysis is more frequent among the latter than the former.”