series of cases which died. Cicatrices were in no instance discovered in the liver or spleen. Mott has demonstrated what an important *rôle* stress plays in the production of general paralysis. In each of the six cases under discussion stress as a causal factor is clearly in evidence. Alcohol is also a prominent feature in four instances, but I am inclined to regard intemperance as an agent in the production of "stress," and, as in Case 1 in the man, a symptom in the commencement of the illness rather than a cause.

Not only is the stress a mental state, but it also is a physical condition. In Case 2 and in the instance of the woman in the third example there was, following the mental worry, a lack of suitable and regular nourishment. It might be suggested that the remissions so frequently seen in general paralysis when under systematic treatment are in the same way due to irregular habits and food.

I hesitate to enlarge further upon a matter so frequently discussed, but Kraft-Ebing has shown by the application of the law of acquired immunity that a general paralytic is immune from syphilis. Although all persons who have contracted syphilis do not develop general paralysis, we know that it is a neuro-toxic element of great potency. Many individuals escape its later manifestions. Just as in diphtheria, paralysis is a comparatively rare sequela, the selective circumstances of which are at present unknown.

This small series of cases has been recorded merely to add to the already enormous amount of evidence supporting the statement that syphilis is essential in the production of general paralysis.

An Unusual Method of Suicide.

By GUY ROWLAND EAST, Assistant Medical Officer, Northumberland County Asylum.

A PITMAN, æt. 55, was admitted to this Asylum at 8 p.m. on May 31st, 1908, with the following history: In the afternoon of the same day he filled his mouth with gunpowder and ignited it, with the intention of blowing off his head. The patient had been subject to periodical attacks of depression, and the scar of a cutaneous incision on the front of the neck

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revealed a former attempt at suicide by cutting the throat with a razor. He had always been a heavy drinker. He was first seen at 5 p.m. by Dr. Swayne, of Bedlington, who, on being summoned to the police station, found the patient almost asphyxiated owing to rapid swelling and closure of the glottis. He at once opened the trachea and inserted a tube. The patient, quickly rallying, was sufficiently improved in an hour or so to be removed to the Asylum.

Condition on admission.—The lips were intensely swollen and scorched, the swelling of the tongue so marked as to almost fill the mouth, the soft palate so much inflamed and œdematous that the fauces were obscured. The buccal mucous membrane was charred, in parts being destroyed and presenting raw, bleeding patches; there was marked increase in the flow of saliva, which ran freely from the mouth; the respiration was embarrassed; he had orthopnœa, and was much troubled with severe bouts of coughing and expectoration of frothy, blood-stained mucus from the tracheotomy tube. Respirations 30 per minute; pulse 88, of good tension; temperature normal. Mentally he was mildly excited and restless, but indicated by signs that he understood what was said to him.

Prognosis.—He slept little during the night, but in the morning his condition was apparently improved, the respirations being easier, 20–24 per minute, no cough, and the tracheotomy tube clear and satisfactory, the swelling of the mouth sufficiently reduced to enable him to swallow small quantities of milk. In the evening he became somewhat flushed and perspired freely. His temperature ran up to 102° F., pulse 96, respirations 26. Though the respiratory sounds were entirely obscured by harsh tracheal breathing, he was evidently suffering from pneumonia.

Result.—Further description of the case need not be detailed; he became progressively worse and died eighty-six hours after his attempted suicide.

Autopsy.—At the post-mortem examination the mouth revealed extensive superficial ulceration of the buccal mucus membrane, together with numerous greyish patches on the tongue, soft palate and fauces, showing a tendency to slough. The mucous membrane extending on either side of the epiglottis, both to the root of the tongue and backwards to the arytenoid cartilages, was swollen and œdematous. The lining membrane of the trachea and bronchi was markedly hyperæmic, and covered throughout with a copious muco-purulent exudation. Both lungs were solid, airless, and friable, presenting the typical appearance of red hepatisation. The right lung weighed 42 oz. and left 42 oz. The organs generally were congested and the blood was semi-fluid and dark in colour, as is usually seen in persons dying of sapræmia.

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