

motor paralysis. On December 25th another congestive attack was followed by left hemiplegia and hemianæsthesia; patient was happy, fondled his paralysed and anæsthetic arm, speaking of it as his "little son, the fine little child that God had brought to him."

In a day or two, localised motor and sensory paralysis passed off, but dementia became profound. Patient died of cardiac paralysis on January 9th, 1893.

Remarks.—It will be observed that throughout this case sensory symptoms were more prominent than they usually are in paretic dementia; and further that the influence of these abnormal sensory conditions on the patient's emotional state and on the contents of his delusions was particularly clear. Each change from exaltation to depression, from delirious conceptions of a gay to those of a sad character, appeared to coincide with and be caused by the occurrence of painful sensations referred to the periphery; and the cessation of these sensations or their replacement by sensations of a pleasurable tone was constantly accompanied by a return of the sense of *bien-être* with grandiose delusions.

I have thought this case worth recording as illustrating so clearly the important rôle which the condition of sensibility plays in general paralysis in determining the character of the transient psychic symptoms which colour the dementia in this disease.

OCCASIONAL NOTES OF THE QUARTER.

The New Journal.

The rumour that a new contemporary is to appear in connection with the Association of Asylum Workers is not as yet confirmed; indeed, we are informed that the matter is still in abeyance.

The above-named Society now numbers so many members, and is so largely supported by our own associates, that whenever the new birth may occur we may be assured that it will aim, not only at the advancement of the interests of asylum workers, but also at the development of asylum work.

In this assurance we shall give a hearty welcome to the new journal whenever it may appear.