

authority and influence to bear on the happy solution of these problems, to strengthen and confirm the directors of these Royal Institutions in their deliberations concerning the best course opportunity affords.

If we cannot sing with debonnair Horace—"Exegi monumentum ære perennius," we may at least console ourselves with the wisdom of Montaigne—"For we cannot be obliged beyond what we are able to perform, by reason that the effects and intentions of what we promise are not at all in our power, and that we are indeed masters of nothing but the will, in which by necessity all the rules and the whole duty of mankind is founded and established."

(¹) An address to the Forfarshire Medical Association, on November 12th, 1908.
—(²) This statement includes recoveries which occurred among those convalescent on discharge from asylum care.—(³) The address was illustrated by lantern slides, showing plans of asylums and hospitals, diagrams and statistics, etc.

Note on General Paralysis. By W. JULIUS MICKLE,
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As mentioned in the careful summary by Dr. Wilcox in this Journal, October, 1908, p. 761, Drs. Clarke and Atwood remark that "not a few English writers fail to diagnosticate general paralysis in the absence of euphoria during some stage of the disease, a view we believe to be largely due to Mickle's teaching two decades ago" (*Journal of Mental and Nervous Diseases*, September, 1907).

How my genial critics came to the belief expressed in the passage quoted above I do not know. The view impeached by them is disclaimed by me.

Nevertheless, one's experience teaches that euphoria exists in some form or degree, on some occasion or occasions, in the very great majority of examples of general paralysis, *if and when the whole course of the cases is carefully observed.*

And there are examples in which even the depressed delusions of general paralysis, whether of hypochondriacal or of melancholic type, have a species of exaggerative inflation; gloomy delusions depicting disaster or ruin; delusions, grotesque, monstrous, or as if inflated with misery; lurid in extravagance

of the expression of perdition, physical or mental, temporal or eternal, or both.

Again, euphoric delusions evidence mental deterioration as well as derangement.

The actual facts of clinical observation reflected in the publications of the writer on general paralysis—and *this is the point at issue*—may best be brought out by citing the very words of some of the passages relevant to this particular subject.

So far was I at any time from manifestly exaggerating the rôle of euphoria or asserting its invariable presence at times in every case, or its overwhelming importance, that in the first edition of my book on the subject a form of general paralysis of the insane was described in which a state of dementia predominates throughout the course of the disease (a predominance which, by the way, is compatible with occasional minor or minimal degrees and mild appearances of depressed or of expansive clinical features, or of both, in some examples).

This form, presenting dementia predominantly or solely throughout, was stated by a reviewer to be “not recognised,” this obviously in the sense that the clinical form in question was not recognised by mental physicians, and, by implication, its description due to clinical error on my part.

Nowadays no one disputes the existence of that type of case as far as I know. No one can successfully contest it.

In the second edition—“two decades ago”—of the writer’s book on general paralysis of the insane, *as the very first item* in the fuller discussion of the mental symptoms of the disease, at p. 29, we read as follows :

“I. Dementia in general paralysis, and the form in which dementia predominates, clinically, throughout. . . . Cases without expansive delirium, excitement, or depression, may with convenience be grouped separately, and this without prejudice to the view that clinically the mental basis of general paralysis is essentially a (mental) weakness . . . or a dementia.”

“In a few cases of general paralysis a dementia begins, progresses, and practically includes or conditionates the entire range of mental symptoms throughout the whole course.”

“It is a question whether these are not examples of general paralysis in its most pure and simple form. . . .”

“Mention has already been made of the incipient dementia in the prodromic stage, of the marked dementia in the later stages. . . .

“In the earlier stages the dementia comes on in an insidious manner, but may advance by sudden leaps after apoplectiform seizures.”

At that time, and previously, the present writer attempted to describe some varieties of general paralysis of the insane, chiefly on the lines of the morbid anatomy of the disease, in five different groups of cases considered as to—

The time-relations of the symptoms and cerebro-meningeal and other lesions.

The predominating localisations of the lesions; also—

Their pathological type and course.

And in the chapter (pp. 404–414) on “Varieties of General Paralysis,” based on cases actually observed both clinically and necroscopically, it is stated as follows (p. 414): “It may be said that the mental differences to which I have referred in the above groups do not mark any essential differences in the cases; that, for example” (*i.e.*, by one assuming a critical attitude), “it may be urged that the grandiose delirium is, in reality, only a manifestation of that *dementia* which on the mental side appears to be of the essence of the affection.”

And it was added that differences in the *mental* symptoms of general paralysis, though not essential, are yet of value.

The apparent increase of the simply demented type of general paralysis of late years is, at least, partly factitious, *i.e.*, in so far as dependent on better recognition.

Menstruation in its relationship to Insanity. By SHEILA M. ROSS, M.D., Ch.B., Assistant Medical Officer of Health, Huddersfield; late Assistant Medical Officer, Holloway Sanatorium.

THE following observations are made on the menstrual history for ten years, from 1897–1907, of all newly admitted and transferred patients, in whom the catamenia were present, in the Holloway Sanatorium Hospital for the Insane. The