

early adolescence onwards, and in the national character in which he is bred, and the society and its administrative and political styles and structures that he takes for granted.

Yet the question surely should be asked so that we proceed by choice rather than by habit, and also because asking questions and making choices is the first step towards overcoming the hugest obstacles.

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Reference

BOURNE, H. (1988) The cause for the re-professionalised psychiatrist in Britain. In *Psychiatry in Transition: The British and Italian Experience* (eds S. Ramon & M. G. Giannichedda), pp. 252–260. London: Pluto Press.

CORRIGENDUM

Journal, November 1990, 157, 778 (Adityanjee). The name should read “Adityanjee” only and not “Adityanjee, P. Das”. The first reference should read “Adityanjee (1987)” and the second reference should read “Adityanjee, Das, P. & Chawla, H. M. (1989)”.

A HUNDRED YEARS AGO

Harvelian Society. General Paralysis of the Insane

At a meeting held on March 20th, Dr Savage read a paper on General Paralysis of the Insane, which he considered to be a disease of higher civilisation. It was rare in the highlands and wilds of Great Britain and Ireland, and also in the negro of the Southern States. Dr Savage looked upon general paralysis as a premature decay frequently having a local origin. In earlier symptoms of this disease extreme difficulty was often experienced in distinguishing between causes and early symptoms, for in many cases the causes of general paralysis might often form signs of the disease. As a result of extensive observation, Dr Savage finds it more commonly met with in middle-aged married men, inhabitants of cities, flesh eaters, and drinkers of alcohol. When the onset is gradual, the finer social and muscular adaptations fail, and weakness in mind and body gradually becomes apparent. In cases which occur suddenly, the storm may assume the character of a convulsive seizure, or an attack of emotional excitement, or one of mania. Ataxy also may be the first symptom of general paralysis. In this form there will generally be muscular defects of the hands and tongue out of proportion to the progress of the ataxy, and the symptoms will be either those of exaltation or of hypochondriacal melancholia; whereas, if the insanity be that of the ordinary ataxy, it will be of the suspicious and “persecuted” type. Temporary aphasia is one of the most striking warning symptoms of this disease. In such cases the patient, without any real cause of after slight excitement or fatigue, becomes aphasic. The attacks may recur, and this aphasia is usually marked, before changes in the handwriting become apparent, though this symptom is an early one in cases of general paralysis. Then facial expression is

very early affected. Syphilis plays so important a part in general paralysis that Dr Savage says: “If after a history of syphilitic cranial nerve lesion there are any signs of nervous instability, there is real reason to fear that general paralysis may be the result. Any local cranial lesions, especially such as depend upon syphilis, may originate the degeneration of general paralysis”. Dr Savage observes from his notes that neuralgia, headache, sciatica, rheumatic pains, and the like, were almost universally recorded as having been noticed a year or more before general paralysis was recognised. Double sciatica is not a symptom to be overlooked, and if it is recurrent and associated with any change in habits or character, it is a warning not to be disregarded. Among the warnings of a “mental” nature, the gradual loss of power of social accommodation is one of the earliest and most marked. Memory for recent events becomes defective; loss of the power of attention and a want of persistence are very well marked. In early general paralysis stupid stealing and thoughtless indecency are the common forms of its manifestation. The early “general paralytic” easily becomes drunk, and is easily poisoned. Changes of temper and character are probably the most common of all the changes which are noticed in early general paralysis. Alternations of buoyancy and depression are of bad import. The sudden outbreak of mania is a frequent precursor of general paralysis, and this specially interesting when it assumes the form of delirious mania. Warnings of general paralysis may be present for years, and almost certainly they are present for a year at least before the symptoms induce even the sensitive specialist to scent out the disease.

Reference

Lancet, 5 April 1890, 753.

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