

objections will not be of long duration and in a day or two you will find them apparently reconciled, or even engaged in planning reforms in the management—promoting the members of the staff and dispensing gifts on paper and cheques without stint to the officials around them.

The patient evidently regards himself as a superior person and speaks to and of his fellow-patients in a condescending and patronizing way.

Such patients are at times very violent. Remember, they are frequently strong, active men and they imagine themselves stronger than they really are. They will attack attendants and are utterly regardless of consequences.

All this time then delusions of the grandiose type are present, and they are more absurd than those of the ordinary maniac,—for instance, a man labouring under ordinary insanity may consider himself very wealthy, or that he is a Duke or some titled personage, but a parietic is the richest man who ever lived—he is thinking of buying the whole place, demolishing it at once and rebuilding on a much more elegant scale. He is a Prince, a Duke, a Marquis all at once, and he is going to be married to a dozen people at one and the same time. He gets up immense excursion parties to which all the crowned heads of Europe are coming, and he wants you. It won't cost you a cent—he will pay all expenses and give you the best eating and drinking. He will not argue as to the truth or possibility of the truth of his preposterous assertions, but expects you to believe them on his own statement and seems to feel pity for you if you do not.

These patients are liable to epileptiform seizures—the attacks may be of the “grand mal,” or the “petit mal” type. They are apparently not preceded by an “aura” and the tongue is not injured. They are sometimes very severe and continue for hours. Paralysis does not appear increased after this.

Sleep is often fairly good, although it is as frequently bad, and a patient may be very noisy and also extremely dirty in his habits. They are also at times most destructive. I have seen them tear up every article in the room and decorate themselves in the most fantastic way with the pieces, imagining they are uniformed to represent the historical personage whom they for the present claim to be. If expostulated with, they declare they can afford to pay for their spree and offer you a cheque at once. At times again, they will smear themselves and the room with feces and urine.

Their appetite is usually voracious and their mode of eating most objectionable—cramping quantities into the mouth and spilling everything about the floor and table.

Frequently they evince strong kleptomaniac propensities, will steal anything from anybody—stuff themselves out with the stolen article and seem surprised when they are made to restore it. Indeed a propensity to steal is at times early manifested; before they are suspected of being insane. We have had at least two cases sent to us, one from the police station and the other from jail, who had been arrested for pilfering in the most open manner. Toward the end of this second stage there may be noticed some slight change in the gait, an unsteadiness on the feet and a somewhat slow and deliberate way of walking.

After the above symptoms have lasted from a few weeks to some months, a change occurs, and either the patient gets better—shown by his giving up his delusions and apparently realizing that he has been wrong in his mind, or, and this is by far the more common change, he passes into a state of

increasing dementia. Progress is characteristic of the disease, and the change is most apt to be for the worse.

In this third stage the patient loses all evidence of mind and his physical powers ultimately succumb. The change is gradual. The articulation gets more indistinct, the gait more uncertain, the general activity less. Frequently the patient, who has become very fat in the early stage, now begins to get thin, and ultimately becomes positively emaciated. He is also sometimes very good-natured. He still has his grandiose ideas, his wealth is not lessened, his powers are not decreased, but he does not volunteer the delusions; you get them by asking questions. He is frequently desirous of leaving the Hospital to look after his properties, but can be persuaded that he cannot go to-day. He gets more helpless. His fingers are all thumbs and his clothing is untidy from his inability to button his garments. He sometimes persists in unbuttoning every article of clothing and stripping himself nude. He will sit in one position and grind his teeth for hours, making a very distinct and disagreeable noise.

His powers of progression continue to fail, and at last he is practically helpless. The muscles of mastication and deglutition become involved and he is liable to choke from impaction of food in the pharynx. Epileptoid seizures may occur and it is fortunate if the patient is carried off in one rather than to linger on through this stage. Speech is very indistinct and unintelligible. Yet if asked how he is, even now he will stammer out “first rate.” Control of the bladder is lost, you may have retentive or involuntary passing of urine. The bowels are not under control and the patient is as helpless and dirty as an infant in arms.

Finally, he can sit up no longer and he is put to bed—there he lies like a log. He has to be kept clean, fed, changed and cared for like a baby. Bed sores form and extend—the slightest pressure seems to cause one, and they show little tendency to heal. Frequently the whole back is involved and the mass of sloughing flesh makes a smell which renders the ward unendurable. At last a merciful diarrhoea sets in, the emaciation continues and ends in death—a blessed release and relief to patient and all about him.

You may remember that in the wards of the Hospital I particularly directed your attention to the cases of paresis. You recollect the first patient who came forward. He addressed you and told you he was only here on a visit, that he was going to establish a Sanitarium for 1000 patients, wanted me as one of the medical staff at a handsome salary, and that he also volunteered the statement that he was then planning a speculation by which he was safe to make some thousands of dollars. This man exhibited very perfectly the condition to which the French apply the term *bien être*. He is generally very happy, full of his own importance, laughs at the idea that he is insane, and appears to regard his being here at all as a remarkable evidence of the ignorance of our profession. If you had been near enough to him you could have also seen the muscular twitching which preceded his speaking and have seen the inequality of pupil. The books sometimes speak of irregularity of pupil. I think inequality is the correct word to use.

The second case was the old man sitting near the idiot boy. He is in the latter part of the second stage—the acute maniacal symptoms are all gone and he is gradually passing into the state of dementia. He still has grandiose ideas, thinks he is quite well and is happy and contented. His gait is beginning to be ataxic.

The third case was one more advanced in this stage.