

uated pressure of the deposit, or the vascular disturbance connected with its formation? Why was the insanity so late in its developement, or why did it come at all? The fact is now pretty well established, that all the physical symptoms of General Paralysis have frequently been met with, without mental impairment; and in such cases, I believe, post mortem examination has shown lesions, quite as formidable as those found after insanity. Only a few days ago I was consulted by a patient from the country, in a very advanced stage of the disease, but whose mind was as clear as it ever had been.

Instead of the term *general paralysis*, some use that of "*paralysis of the insane*;" and others, reversing the idea, speak of "*insanity of the paralytic*." But the insane are subject to ordinary phralysis, as other people; and then their insanity differs not from that of ordinary cases. Those who assert that the insanity of the *general paralytic* is not *sui generis*, have, I apprehend, seen very little of the disease.

A second class of traumatic *general paralysis*, differing considerably in its autopsical details, from the preceding, was presented in the past year, and I submit it, in conjunction.

*Case 3* (Register 2326).—T. L., a married man, aged 30, of temperate habits and good character; admitted 16th June. He had, about a year before, received a blow on the head from a prisoner in the Penitentiary, where he was a keeper. Some time afterwards paralysis appeared on one side, and he "*had three or four fits*."

He was certified to be violent at times, and disposed to wander. In the Asylum he was very quiet, and as to his wandering tendency I believe it was merely the result of defective memory, which rendered him unable to distinguish

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