

The Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. II.

MAY, 1890.

No. 3.

CONTENTS.

ORIGINAL COMMUNICATIONS :	PAGE	SOCIETY PROCEEDINGS :	PAGE
General Paresis. A lecture delivered at the Halifax Medical College, by George L. Sinclair, M. D.	33	St. John Medical Society.—Pictou County Medical Society.....	44
Leprosy in New Brunswick. Paper read before the New Brunswick Medical Society, July, 1889. By M. Maclares, M. D., M. R. C. S.	36	EDITORIAL :	
Two Cases of Bacteruria. By H. E. Kendall, M. D.	37	Sea Voyages for Invalids.....	45
Surgical Cases in Practice. Acute Intestinal Obstruction.—Strangulated Femoral Hernia.—Diphtheritic Laryngeal Obstruction. By A. Morrow, M. B.	38	Medical Charity.....	46
An Anomaly. By J. G. McKay, M. D., P. E. Is'and.....	41	SPECIAL NOTICES :	
The Cartwright Lectures on Vital and Medical Statistics, Continued.	41	1890 Meeting of Nova Scotia Medical Society.—Canadian Medical Association.—International Medical Congress at Berlin.....	46
HOSPITAL PRACTICE :		BOOKS AND PAMPHLETS RECEIVED.....	47
Rupture of Intestinal Wall—Double Hair Lip with Cleft Palate	43	NOTES AND COMMENTS	48
		PERSONALS.....	48

A LECTURE ON GENERAL PARESIS, DELIVERED AT THE HALIFAX MEDICAL COLLEGE, APRIL, 1890.

BY GEO. L. SINCLAIR, M. D.,

Assistant Superintendent Hospital for Insane.

GENTLEMEN,—There is a form of mental disease with which, it seems to me, the general practitioner is particularly unfamiliar, viz, what in this country is usually spoken of as GENERAL PARESIS; it is also sometimes referred to as *general paralysis of the insane* and *progressive paralysis of the insane*.

It is a very characteristic mental malady, is apt to run a distinct course and have but the one termination, viz, death.

I said the general practitioner was unfamiliar with it, and I make this assertion upon the strength of our experience at Mount Hope. I cannot recall now any single case in which the committing certificate recognized the fact that the patient was laboring under paresis, and I can several, in which a diagnosis of acute mania was made and the relatives of the patient told that as he was in good health, was not old, and the violent symptoms were recent, that the probabilities of recovery at any early date were good; a correct prognosis had the case been one of simple acute mania, but not at all so if maniacal symptoms were only part and parcel of a distinct disease—paresis. Knowing of this; during your visit to the Hospital on Saturday last, I took particular care to point out to you the cases of general paralysis and, as far as possible, to show you patients who were in the stages of the disease as we generally see it clinically.

Perhaps, after all, it is not remarkable that physicians do not recognize this affection; for while we have no reason to doubt that it has existed almost from the history of medicine, it is only since 1826 that it has been accorded a distinct place in our nomencla-

ture. In that year M. Calmeil gave a complete account of it. Previous to this other observers, both French and German, had been struck with some of the more prominent symptoms and had referred to them. For instance, Bayle in 1822 noted that the mental disturbance and paralysis were synchronous and due to chronic inflammation of the arachnoid, but as I said, to Calmeil the credit of being the first to fully describe the condition, is usually awarded. It is a specially fatal malarial and destroys many valuable lives yearly, the victims usually being men in the very prime of life.

Who then are specially liable to this disease? According to Sankey, we have first, males of the lower class; second, males of the upper class; third, females of the lower classes, and fourth, females of the upper classes. I am not sure that our statistics would bear this tabulation out. Here at any rate the majority of cases have occurred among males of the upper class. I have seen among females only one case of which I was sure, and one other doubtful one. The affection is rare before 30 years of age, most common about 40 years, and at 70 is unknown. The victims are often in their prime of intellectual and physical development, are free from a nervous strain, but as a rule have "enjoyed" life, and lived hard—have gone to excess in the use of their mental and physical powers, have been consumers of animal food, usually of stimulants, and also may have indulged in sexual excesses. About this latter statement I shall say more when we come to treatment; it is usually given as an exciting cause of paresis, but it is a difficult matter to say just how much is cause and how much effect.

SYMPTOMS.

It is usual to speak of a stage of *incubation*, a *stage of acute mania* and that of *chronic mania*,