Through it general paralysis constitutes the main bridge connecting the domain of psychiatry to that of general medicine, and to it we largely owe the renewed earnestness with which the study of psychiatry has been undertaken in the past quarter of a century. Further, the existence of a sharply defined anatomical picture has enabled us to check our clinical diagnoses of the disease in a way that was previously impossible. This has been of the utmost value not only in clearly differentiating general paralysis from the various so-called forms of pseudo-paralysis, but in its educating effect clinically. There is no more salutary exercise for the clinical psychiatrist than to compare a series of his clinical diagnoses of general paralysis with the results of the microscopic examination of the same cases after death; whoever has not made this experiment would be surprised did he do so at the chastening effect it would have on his opinion of his clinical capacities.

As the *anatomical findings* are thus even for clinical purposes alone of great importance I will begin by giving a brief account of some of their most salient features. Outside the nervous system one finds, apart from definitely syphilitic lesions, atheroma of the aorta and atrophy of the heart, liver and kidney in a third of the cases. Little need be said of the changes in the nervous system except those in the cerebral cortex. In the peripheral nerves may be seen evidences of parenchymatous degeneration with some overgrowth of connective tissue, and, in the case of the optic nerve, of glia tissue. Neuro-retinitis is frequent, the retinal changes being of the same nature as the cortical ones. In nearly a half of the cases the membranes of the spinal cord are thickened and adherent, and there is visible shrinking of the posterior and lateral colunus. In nearly every case there is microscopic evidence of degeneration in the cord tracts, usually in both the pyramidal tract and the posterior ascending tracts; the latter changes are the more frequent of the two and are