

Asylum, *but to die*, had they been made aware of the proximity of death. How much might have been spared to their feelings, had the physicians been more candid, or better informed!

In my last report I alluded to the erroneous views which have been entertained, as to the majority of cases of general paralysis being produced by intemperance. The experience of another year has tended to confirm my belief that, *in this country* at least, the disease presents itself almost exclusively in temperate men.

The first well-marked case of general paralysis which I have met with, in this Asylum, in a woman, was admitted about two months ago, and I am watching it with much interest. The mental disorder, and the physical impairment, are both quite analogous to those observed in male cases; this exception proves, to me, the rule.

*Case 4.*—Acute mania.—(Register 2274.)—J. F., a married man, aged 47, of temperate habits, but long afflicted with dyspepsia. He had been all his life actively engaged in business. About six weeks before his admission, the first indications of mental disorder were observed in the form of despondency and loss of confidence in his own business capacity. This conviction became daily more terrible to him, as he occupied a position of great responsibility, and had always been a zealous and faithful officer. Ultimately his malady assumed the form of suicidal acute mania, and in this state he was brought to the Asylum.

He refused all nourishment, and it was with much difficulty sufficient aliment to sustain life was administered. About two weeks after admission, he became affected with paralysis of the bladder; and the regular use of the catheter became indispensable. This symptom subsided about a