

tality. It is now very unusual, that, in this asylum, we find ourselves in diagnostic error, in such cases as I have described. I have not the slightest doubt that extended *post mortem* enquiry would establish the same fact in American asylums generally; and I would most respectfully invite my *confreres* in the specialty, to put my statements to the proper test.

GENERAL PARALYSIS.

This deeply interesting form of insanity presented us, in the past year, seven fatal results; in six of which we had the advantage of *post mortem* examination. Perhaps no fact connected with this disease, is more deserving of attention than the variability of its duration. It may last for years; or it may terminate in a few days after outburst. The patient may have a succession of apoplectic seizures, at variable intervals, and generally associated with epileptiform convulsions; or he may die in the first or second of these seizures. In all cases, however, the issue is *death*. It is very questionable if a single reliable case of recovery is on record. Apparent suspensions of the malady, there may have been, which the over-sanguine physician has too hastily recorded as cures; but they are only lulls, however protracted, between the thunder gusts. He who has once manifested the characteristic symptoms of general paralysis, carries a perishing brain, however sound he and others may assert it to be.

The pathology of the disease is still involved in some obscurity, though now better understood than it was before the time of *Calmeil*. The morbid appearances, discovered after death, are very diversified, and indicate the impropriety of hasty generalization.

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