reliable, that in 29 years, from 1849 to 1877, inclusive, 267 deaths resulted from paresis, of which 250 were of men, and only 17 of women, being in the proportion of nearly 16 men to 1 woman.

I need not trespass on your patience with any further citation of figures, illustrative of the fact that paresis is paramountly a disease of the male sex; nor need I press upon your attention the concomitant fact, that an asylum, lodging any considerable number of these cases, must exhibit a higher death rate than others containing none, or only a a few such cases. Figures are of little value dissociated from the facts from which they are derived. From a recent inspection of my friend, Dr. Clark's resident paretics, I venture to predict that his future death tables will show higher figures than did that of last year, when he had only 4 from paresis: whereas in 1874, I had 14. It would be very gratifying to find that decrease in the supply of new cases has begun to take place, but since this paper was written, Dr. Clark has had 3 deaths of paretics.

It is now time that I should offer a few observations on the leading characteristic symptoms of this formidable disease. Although very ample, if not indeed confusingly prolix, details are presented in all our late writers on insanity, it is a fact of which you all are cognizant, that to the general practitioner of medicine, opportunities of observing paresis in the living subject are of comparatively rare occurrence. The 40 counties of Ontario do not average one case each, annually, or, at least, they do not contribute this quota to our 4 asylums. I believe the total number admitted into the Kingston asylum, since its opening 23 years ago, would not exceed a dozen. The number admitted at London has not been great. The Hamilton Asylum has received none. Toronto has come in for the lion's share, and it has had to bear the bulk of the opprobrium of failure to cure, and of consequent augmented mortality. Now, taking the entire number of medical practitioners in our Province at 1500, and putting the number of annually occurring cases at 30, we have one case presented for every 50 practitioners; but considering that the majority of cases are furnished by the cities and larger towns, it may not be an exaggeration to say, that very many physicians in the rural districts may pass their whole lives without meeting with a single case; and coming down nearer home, and supposing that our own city sends into the asylum one-fifth or one-sixth of all the cases of insanity admitted, and that it sends in a like proportion of paretics, we should have, yearly, for the 100 doctors of Toronto, 2, or at most, 3 paretics for observance, which in the course of 40 years, would come to about one case for every doctor. But then, bearing in mind that doctors emancipate themselves from these cases with all becoming, or possible celerity, it must be evident, that unless they follow up their cases by frequent visitation, in the asylum, (which, I am very sorry to confess, they too seldom do), they deny themselves the advantage of valuable clinical observation. I am very sure that my worthy successor would derive no less gratification from such visits by his professional brethren, than I did, or perhaps, I may more truly say, than I would have done.

Writers on insanity have generally assigned to the disease three different stages, but here, just as in many other morbid progressions, it is found that we cannot draw any clear line of demarcation between the stages; for they sometimes run into each other under such interchanging shadings, as to render their identification very difficult. We may this week find a paretic in such a condition of both body and mind, as to tempt us to the conclusion that his case is far advanced in the second stage, and yet in the succeeding week, he may have, apparently, retrograded, and may present only the symptoms of the first stage, and even these only in a moderate degree.

It has been usual to speak of the *first* stage as that of incubation; of the *second*, as that of full development, or pronounced maniacal disorder; and of the *third* as that of established *dementia*, with unequivocal subversion of both bodily and mental competency.

Now, as to the first stage. It is my belief that nothing can be more difficult than the fixing of its inception. It is true, indeed, that when once the destined paretic has begun to exhibit palpable extravagancies of thought or conduct, and to appear under a totally transformed character, few of his more reflecting, intimate acquaintances can fail to see that reason no longer holds her sway, and that the dire alternative of substituting extrinsic control for frenzied anarchy, must soon be submitted to by his weeping friends.

It has been questioned by some writers, whether