

Correspondence.

ON THE NON-SPECIFIC NATURE OF "GENERAL PARALYSIS OF THE INSANE."

SIRS.—I have read with much interest Dr. Farrar's article on "General Paralysis" ("Journal of Mental Science," July 1895). His conclusion, that "general paralysis" is in no sense a specific disease, is identical with that at which I arrived after some years' study of a very large number of cases in the Portsmouth Borough Asylum, where, after spending much time and labour in trying to arrange them as I may say in duly labelled pigeon-holes, I began to see that "it was all a striving, and a striving, and an ending in nothing."

In an article which appeared in the "Lancet," 16th March, 1889, I drew attention to the fact that the dogma that "general paralysis" is an anomalous and inevitably progressive and fatal disease is so little in accordance with modern views of general pathology, that the burden of proof rests on those who propound it. But neither by the bedside nor in the post-mortem room has such proof ever been satisfactorily produced.

The cerebral cortex, like other tissues, can only respond in one way, by whatever means it may be irritated; whether the disorder last for hours, days or months, whether it subside, remain at a standstill, or extend to lower levels, and finally to centres of vitality, there is probably no essential difference in the process. The result depends as elsewhere on intensity and persistence of irritation, power of tissue to resist and recover (determined by such factors as age, inheritance, previous mode of life, etc.), and on anatomical conditions. In the case of "general paralysis" it seems to me that the usual steady progress to a fatal termination can be readily accounted for by such considerations, without any need to invoke, even on theoretical grounds, a "specific" process, and that no line can or ought to be drawn between a temporary disturbance of function from intoxication (alcoholic or otherwise), acute mania, and "general paralysis," or between the last and other more chronic disorders of the central nervous system.

I have for some time been acquainted with a gentleman, formerly an officer in the army, who during the last ten years has had four attacks (each one worse than the preceding) in which he becomes in his conduct, hallucinations, and delusions of exaltation, a perfect example of early general paralysis, with slight physical signs as well. These are followed by some emotional depression, but in the intervals (except that he is, as he has been all his life, somewhat self-opinionated and wasteful, it is impossible to detect anything wrong. But because this has been going on for ten years, and he is so far neither dead nor demented, I am told that his disorder has nothing to do with "general paralysis." Surely Procrustes has left many descendants!

It is not so many years ago that a similar theory was maintained in regard to "puerperal fever." I remember being solemnly assured by a practitioner who was educated in the thirties that "no woman ever recovers from puerperal fever. If she recovers, she never had puerperal fever." The circular reasoning of which this is a beautiful example is not so uncommon as might be supposed. *That* controversy is now of hardly more than historic interest, and many authorities are of opinion that it is time for the term "puerperal fever" to be dropped altogether, as tending to produce a wrong impression in the minds of students and nurses. I venture to think and hope that a corresponding change will ultimately take place in the orthodox view of "general paralysis of the insane."

Yours, &c.,

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