

# THE RELENTLESS PARESIS

## RESULTS OF A STUDY OF 1,300 CASES OF THE DREAD DISEASE.

It is No Respector of Men, Nor is There Any Profession or Occupation That Tends to Produce It, But Very Many of the Victims Have Been Drunkards.

After a careful study of more than 1,300 cases of that dread form of insanity known under the name of paresis, and, in addition, an examination by autopsy of fifty bodies of patients who had died from the disease, Dr. Louis C. Pettit has published a most interesting review of the subject in the Medical Record. The article was written in what may well be called the medical vernacular, but it is full of facts of general interest, the more so because of the relentless persistence of the disease when once it has seized upon a victim—a disease of the body and of the mind, a morbid connecting link between the material "basis of mind" and immaterial entity; a disease that steers its own way in the whimsical classifications of insanities, and at the same time embodies every conceivable psychical type, with true dementia as a basis, and affective and intellectual orders in its relief.

Of the real causes of the disease the Doctor says that very little has been learned, but regarding the complex conditions under which it has occurred many statistics have been recorded. Thus, two-thirds of all the paretics have been immoderate drinkers, and at least one-fourth have been victims of a disease common among sailors and others of like habits. A small proportion have been guilty of excesses other than in drink; but when all these have been counted out there is a remnant of people who, after lives that were strictly moral and praiseworthy, became victims whose fate was as inevitable as that of any debauchee. More remarkable still, to which mere allusion is made in the monograph, that paresis appears frequently among debauched men and almost

### NEVER AMONG WOMEN

of like character.

Another startling announcement is that the dread disease appears among the robust children of phthisical parents. On this matter the Doctor says:

"Without any special effort on my part, or special object in view, knowledge of this fact was impressed upon me by the very large percentage of phthisical relatives in the families of over 1,500 patients dying of paresis."

Paresis and phthisis may in some manner be related to each other in some mysterious, etiological sense—that is to say, in their origin. "Paresis is no respecter of persons, at least of men, neither does it select persons already infected with disease, unless the forerunners be either phthisis" or the other disease mentioned.

Of the earlier symptoms in a patient it is said that the mental disturbances are the ones first noticed by friends. They see "something wrong" about him—a change from the normal state. Then a doctor is called, and he confirms their worst fears by means of physical signs. "One long associated with paretics grows to recognize them almost at a glance. The expression, in addition to being an index to the mind, is accompanied by a more or less permanent physical change. There is a lack of expression, a want of stimulation from the brain, a slight drooping of the lower-jaw, a tendency toward roundness; or there may be a fixed, stony expression, a lack of that reaction which gives character to mental acts. The face at rest, when once put in motion, brings out an entire new feature of the disease, a physical lack of proper coordination. There is a peculiar motion of the upper lip when it is retracted, a peculiar tremor in the upper eyelid when it is dropped easily over the eyeball and a peculiar tremor in the edges of the tongue. There are tremors in the hand that indicate the presence of the disease and others in the knees. Sometimes

### THE MENTAL SYMPTOMS

are pitiable in the extreme. The patient knows that he is in the clutch, and begs in anguish for help. In others hope goes entirely on learning the fact, and there is but one wish, and that is for an early death. But generally the first symptom is a mere absent-mindedness, not wholly inconsistent with perfect health, but transitory alternating states of depression and exaltation follow, and these in turn are smothered in progressive dementia. The patient has vague and indescribable sensations and hears hallucinatory sounds. Sometimes marvellous feats are performed. One patient passed months trying to grow a pansy to the size of a sunflower; finally he became irritable and morose, and a menace to his family. Another purchased six clocks. A third, after many wonderful experiences and hair-breadth escapes, extending over a period of one year, presented himself at his mother's door at 1 o'clock in the morning with two red lanterns swinging on his arm. There is a change in demeanor or habits toward spendthriftiness or demoralization; attempts toward insuring one's life without appropriate means, and so on. The desire to have more than one wife, and the crime of bigamy are not infrequently symptoms, but rarely is there anything like distinct sexual perversion. The ordinary course is first an indefinite period of mild mental deterioration with some confusion of ideas or apathy. During this stage purposeless acts are performed. Then follows a short period of depression, during which homicidal or suicidal tendencies develop. The delirium of grandeur, the condition where the victim imagines himself some great person, or perhaps the Almighty, ends the cycle.

The history of a single case is given by way of illustration. It was that of a man, now 37 years old. His mother died of phthisis and his sister is suffering from melancholia. He was

not a man of excesses, but nineteen years ago he had the misfortune to acquire the disease that is often a forerunner of paresis. He was treated for this in a German hospital and discharged cured. Subsequently he married (nine years ago), and three healthy children followed the union. After five years of married life something happened.

### THE VICTIM

tells of his own trouble thus: "I was apparently in good health four years ago, but began to suffer from insomnia and headaches to a slight degree only, when previous to retiring one night I felt a heavy feeling around my chest and went to the window to get more air and then to bed. I did not sleep; was sitting up in the bed when suddenly everything seemed to pass out of sight; then I felt a burning sensation, as if I was being cut in two lengthwise with a knife. I lost consciousness for a few seconds; on regaining it I felt an intense burning all over my body, which I could not cool with water. I was then weak on the right side and unable to speak distinctly, and my head felt as if an iron cap were being pressed down upon it. In two days I had recovered my usual strength and went to work. I continued to suffer from insomnia, and began to worry about my future and family, and suffered from headaches and pains in the right leg and knee and over the spine. These symptoms lasted over two years.

The patient's friends state that during the last two and a half years he has been confused more or less at times, mildly excitable and emotional, and during such periods has had difficulty with his speech. He lost his employment, and through unreasonable jealousy became a source of apprehension and a menace to his family. So he was taken to an insane asylum, and is now slowly wearing out his life.

Of the duration of the disease it is said that the 1,300 cases were under asylum care an average period of eleven months each and had an average duration previous to admission of fifteen and three-fourths months each; this would make a total average duration of twenty-six and three-fourths months, and may be considered as the minimum average, it being difficult to obtain accurate data as to the invasion of the disease in some cases. A smaller number of cases with more accurate histories raised the average to about twenty-eight months. The duration of treatment, or period of

### ASYLUM RESTRAINT

in all the cases does not equal the period of duration previous to admission, a unique feature, and argues that the greater portion of the paretic's diseased life is passed in a state of quiet dementia, motor disturbances predominating throughout the disease. Of the whole number of cases considered, 1,200 lasted less than five years, but 86 lasted from five to ten years; twelve from ten to fifteen years; one twenty-five years, and one thirty-five years. Among those lasting fifteen years was that of a man who, fourteen years ago, was released by a jury trial from the asylum as a sane man. The name is not given.

It is worth noting that among the 1,300 patients thirty-two nations and more than 250 occupations were represented. Although the census of the entire asylum shows that two-thirds of the inmates are of foreign birth and more than 80 per cent. are of foreign parentage, Americans took the lead among the paretics, there being 436 whites and 48 colored natives. Germany came next, with 335; Ireland had 244, England 71, and France 31. The balance were evenly divided among twenty nations. There were two Chinese paretics. The common notion that actors are particularly subject to the disease is substantiated by the facts. There were about as many paretic doctors and lawyers as actors, but there were no preachers. In fact, no trade or profession predisposes a person to paresis, but out of the whole 1,300 there were 109 laborers, 59 clerks, 45 tailors, 37 drivers, 35 bartenders, 32 painters, 32 cigar-makers, 31 carpenters, 29 salesmen, 28 shoemakers, 26 waiters, 23 merchants, 20 machinists, 16 printers, 16 butchers, 17 bakers, 16 barbers, 16 engineers, 15 peddlers, 14 cooks, 13 musicians, 13 porters, 12 blacksmiths, and so on.

Because "vital and mortuary statistics show that a man's means of livelihood is not a factor in causing the disease, there is left an inherited tendency as highly probable and a common cause starting us in the face."

It will be seen from the following table that paresis rarely occurs during adolescence, and while it frequently attacks early manhood it usually selects its victims from those

### MATURE IN YEARS.

Thirteen hundred deaths were distributed through the various periods of life, as follows:

Age at Death	Cases	Age at Death	Cases
20 to 25	4	50 to 55	132
25 to 30	72	55 to 60	89
30 to 35	173	60 to 65	53
35 to 40	250	65 to 70	26
40 to 45	272	70 to 75	2
45 to 50	212	75 to 80	1

Making due allowance for the duration of the disease, it will be observed that paresis occurs most frequently between the thirty-fifth and fortieth year, and the greater number die between the ages of forty and forty-five. Statistics in this country vary but little from those already taken from abroad in this respect. If there really was a greater morbidity with us, it would be exhibited probably by an earlier manifestation of the disease. The above would indicate that paresis does not usually begin until the age at which acute diseases most frequently occur is passed. It is suggested that there is some significance in the fact that the disease frequently attacks those "never sick a day in their lives and skips those who have always 'enjoyed very poor health.'" It is possible that diseases like fevers which create temporary delirium may so change the brain and spinal cord that paresis cannot be developed there. "There may be an acquired immunity that we have not yet discovered," says the Doctor, and then he adds:

"Finally, it might be well to offer more substantial aid to the cause by a few microscopic observations on the paretic brain. It is these, more than all others, that tend to convince one, after frequent autopsies, that paresis is microgenetic in origin. It is a remarkable fact that in this disease there is a characteristic uniformity in the morbid appearance of its earlier stage (when death occurs through intercurrent disease), while the late appearances are in a true sense panormical." It is a curious fact that only a small

percentage of paretics die in the extreme stage of the disease. They are carried off by exhaustion from manual excitement or frenzy or by malnutrition or by insomnia, and by other current diseases. In the rare cases, in which the final stages are seen, the entire brain and spinal cord space become involved, the body is drawn up into the posture it occupied before birth, and the unfortunate being becomes absolutely helpless. And yet, "in this stage even, they may greet you with a smile and possibly an attempt at speech; their eyes look bright; and there seems to be a playful, flickering mind that is carousing with and cajoling death."

## THE REALITY OF DEATH.

### THE GREAT POSSIBILITY OF BEING BURIED ALIVE.

Case of Townshend, Who Suspended His Heart's Action—Signs Relied Upon as Evidence of the Reality of Death—An Exhumed Body Turned in the Coffin No Proof of Premature Burial.

The possibility of apparent death being mistaken for real death can only be admitted when the decision of the reality of death is left to ignorant persons. We are quite unprepared to admit the possibility of such a mistake occurring in this country to a medical practitioner armed with the methods for the recognition of death that modern science has placed at his disposal. Moreover, even by the ignorant the reality of death can only be questioned during the period preceding putrefaction. During this period various signs of death appear which, taken collectively, allow of an absolute opinion as to the reality of death being given. To each of these, as a sign of death, exception may perhaps be individually taken, but a medical opinion is formed from a conjunction of these signs, and not from the presence of an individual one.

### DISEASES STIMULATING DEATH.

The various conditions or forms of diseases which may occasionally to the casual observer stimulate death are syncope, coma, concussion, hysterical spasm, catalepsy and exhaustion; but in these cases the warmth of the body is retained, and the heart and lungs continue to act, although perhaps but feebly. Catalepsy or trance, and profound sleep lasting for a lengthened period, are conditions somewhat similar to the hibernation of animals. To a casual observer a hibernating animal would appear to be dead, but the vital functions are not arrested, but are reduced to a low ebb; the pulsations of the heart and the respiration still occur, though feebly and at lengthened intervals. In like manner the protracted cases of catalepsy and prolonged profound sleep that have been recorded by medical men, though presenting to the ordinary observer the appearance of death, have always yielded on careful auscultation evidence of the action of the heart and lungs, although the heart's action may have been very

### SLOW AND FEBBLE,

and the respirations reduced to only four or five per minute. The very exceptional case of Colonel Townshend, who apparently possessed the extremely rare power of partially suspending, by an act of volition, the action of the heart cannot even be taken as an exception to what has been stated above. It appears that Colonel Townshend possessed the power, by a mere effort of will, of so suspending the action of the heart that he was able to pass into a profound sleep, or condition of stupor, in which no radial pulse could be felt, no beating of the heart was perceptible, by palpitation, and the moisture condensed on a bright mirror held to his mouth. These, however, are but rough tests of the existence or not of respiration and circulation. It must be remembered that, at that time, the stethoscope was not invented, and that Colonel Townshend's heart, must in all probability, have been beating, although but feebly, and his respiration continuing, during the time he was in the senseless condition, a period which usually extended over half an hour. A few hours after one of these experiments, however, the Colonel died.

### RIGIDITY DURING LIFE.

The statement is occasionally made that certain forms of rigidity that may occur during life may be mistaken for rigor mortis. Rigidity during life may occur from tetanus, apoplexy, catalepsy, syncope, asphyxia and hysterical spasm, but presents these three striking differences from cadaveric rigidity: 1. The warmth of the body is preserved; 2. The whole of the body becomes equally rigid at the same moment, due to the occurrence of a general muscular spasm; whereas, in connection with rigor mortis, the rigidity usually commences in the muscles of the neck and lower jaw, and then gradually affects the other parts of the body; 3. If a joint be forcibly bent, such as the arm at the elbow, the limb will, if in a state of spasm from disease, return to its original position when the bending force is removed, whereas if it be in a state of rigor mortis it will not.

### SIGNS AND TESTS.

The signs on which a medical man should rely as furnishing the best evidence of the reality of death, prior to the commencement of putrefactive changes, are: First, the absence of circulation and respiration; second, the gradual cooling of the body, the extremities cooling first and the trunk last; third, gradual supervention of rigor mortis; fourth, the production of post-mortem stimuli or ecchymoses. The auscultatory test was first proposed by Bouchet, to whom the French Academy awarded a prize in 1848 for the discovery of this proof of death. Bouchet found that in all cases of apparent death, although the contractions of the heart were reduced in force and frequency, auscultation enabled him to detect the pulsations of the heart, and so distinguish apparent from real death. The careful use of the stethoscope by a medical man will enable him to distinguish a living from a dead body.

### THE FEAR OF PREMATURE INTERMENT.

From time to time the public mind is

agitated by the fear of premature interment, and undoubtedly in past times, when medical men did not have at their disposal the methods for the recognition of death which they now possess, living individuals may have been assigned to the grave. But in recent times all cases of alleged premature interment in this country have, upon close examination, proved to be nothing more than the delusions of superstitious or ignorant people, with a considerable amount of exaggeration added. The fact of an exhumed body being found turned in the coffin is no proof of premature interment, since such movement may have been caused by tilting or turning of the coffin during its conveyance to or lowering into the grave, or may be the result of gaseous distention of the corpse from putrefaction. The pressure exerted by the generation of the gases of putrefaction is responsible for many phenomena which are apt to be regarded as vital ones by the uninitiated.

As burial is carried out in this country, and assuming that a person still living has been screwed down in an airtight coffin, it is quite impossible to believe that such a person could ever recover consciousness, since speedy asphyxia must result from the accumulation of the products of respiration in the small amount of air within the coffin. With regard to the recorded cases of alleged death where the individuals supposed to have died have yet retained consciousness so as to overhear conversations, although unable to make any movement at the time, these have proved on investigation to be cases in which the reality of death has been wrongly assumed by ignorant persons, and in which no examination as to the occurrence of death has been made by medical men.

### RIDING TO HOUNDS IN ENGLAND.

The Annual Lists of Hunting Fixtures Show That the Sport is Popular.

When one of Queen Victoria's subjects sets out to hunt the stag, a fox or a hare, he must be mounted on a good 'cross country horse, as all the world knows, and the quarry is also chased by a full pack of thoroughbred hounds. That the old institution of hunting is not on the decrease there, is shown in the last London Field, which contains a carefully prepared list of the hounds, their masters, huntsmen, whips, and the hunting days.

There are sixteen packs of stag hounds in England and six in Ireland. The English list is headed by Her Majesty's pack of which the Earl of Coventry is master. The royal kennels are at Ascot, in Berks, and the hounds hunt on Tuesdays and Fridays in Windsor Forest. There is a periodical outcry against the maintenance of the pack from certain London reformers, but the glory of the famous stag hunts is not dimmed. The English fox hounds number 153 packs, some being out as often as four times a week, and the kennels are located in every part of the land. Near Melton Mowbray, that noted centre of good horsemanship, the famous Quorn, with the Earl of Lonsdale as M. F. H., and the Cotswolds, W. Baird, master, have their runs, and near the equally famous hunting town of Market Harborough are the kennels of the Pytchley, W. M. Wroughton, master; the Pytchley Woodland, Austin Mackenzie, master, and Mr. C. W. B. Fernie's pack. The fixtures include, as every hunting list published within the century has done, the days of the Belvoir, Duke of Rutland, master; the Duke of Beaufort's pack, and the two Vale of White Horse packs, Earl Bathurst's, and Mr. T. B. Miller's. Scotland has ten packs, including the Duke of Buccleuch's, and in sporting Ireland there are twenty-one.

Harriers are nearly as much in favor as fox hounds, England claiming 110, Ireland 26, and Scotland 3 packs. Among the miscellaneous hunts are announced the fixtures of forty packs of beagles and beagle harriers, two of stud book beagles, one of stud book harriers, and two packs of basset hounds. A pack of beagle harriers is kept at Trinity College, Cambridge, E. R. T. Corbett, master.

The whips in all cases are professionals, but in some cases amateurs serve as the huntsman. The Marquis of Worcester serves in this way in the Duke of Beaufort's pack, with Tom Morgan as deputy. In many cases the master also acts as huntsman. The hunting season is now in full blast and the sporting papers teem with stories of good runs.

### A Sailor's Word of Honor.

The sailor who walked all the way from Cardiff, Wales, to appear before the Lord Mayor of London on a charge of assault which might have cost him his liberty is rather an interesting figure. The man was under remand on sureties, and he said he did not wish to break his word or his bail. It is a long walk. The poor fellow was on the road 7 days, and he gnawed nearly all his clothes for food. The clothes gave out, and for the last two days he tramped without a meal—always with this perspective of a jail at the end of the journey. It did not prove, however, to be quite so bad as that. The Lord Mayor discharged him, seeing that the alleged sufferer by the assault had recovered and sailed away in another ship, and ordered him money from the poor-box to make good his clothing.

### Nettle Furnishes a Textile Fabric.

Among the products that science has put to valuable service is the nettle, a weed, which is now being cultivated in some parts of Europe, its fibre proving useful for a variety of textile fabrics. In Dresden a thread is produced from it so fine that a length of 60 miles weighs only 2 1-2 pounds.

### FOR TWENTY-FIVE YEARS.

# DUNN'S BAKING POWDER

THE COOK'S BEST FRIEND

LARGEST SALE IN CANADA.

## That Tired Feeling

Means danger. It is a serious condition and will lead to disastrous results if it is not overcome at once. It is a sure sign that the blood is impoverished and impure. The best remedy is

## HOOD'S Sarsaparilla

Which makes rich, red blood, and thus gives strength and elasticity to the muscles, vigor to the brain and health and vitality to every part of the body. Hood's Sarsaparilla positively

## Makes the Weak Strong

"I have used six bottles of Hood's Sarsaparilla as a general tonic and have enjoyed the best of health. Although I had a strain of work I have had no sick spells for many months and no lost time, so I am doubly repaid." THOMAS S. HALL, 261 Brussels St., St. John, New Brunswick.

## Hood's Sarsaparilla is the Only True Blood Purifier

Prominently in the public eye.

Hood's Pills cure habitual constipation. Price 25c. per box.

## CONSUMPTION CONQUERED.

A P. E. Island Lady Restored to Health.

Attacked With a Nacking Cough, Loss of Appetite and General Feeling of Lassitude—Pink Pills Restored Her Health After Doctors Failed.

From the Charlottetown Patriot.

Times without number have we read of the wonderful cures effected by Dr. Williams' Pink Pills, but generally the testimonials telling the tale had laid the scene in some of the other provinces. This time, however, the matter is brought directly home, and the testimony comes from a much respected and Christian woman. Mrs. Sarah Strickland, now residing in the suburbs of Charlottetown, has been married many years, and blessed with a large family and although never enjoying a robust constitution had, until a year ago, been in comparatively good health. About that time she began to feel "run down," her blood became thin and a general feeling of lassitude took possession of both her mind and body. Her family and friends viewed with alarm the gradual development of her illness, and when a cough—at first inconstant, but afterwards almost constant, especially at night—set in, doctors were summoned and everything that loving, tender care and medical skill could do was resorted to in order to save the affect-



Joking their Mother on Her Appetite. tionate wife and mother, whose days appeared to be numbered. Her appetite was almost completely gone. Food was partaken of without relish, and Mrs. Strickland was unable to do even the ordinary, lighter work of the household. She became greatly emaciated and in order to partake of even the most dainty nourishment a stimulant had at first to be administered. While this gloom hung over the home and the mother sorrowfully thought of how soon she would have to say farewell to her young family, she was induced by a friend to try Dr. Williams' Pink Pills. Though utterly discouraged, and almost disgusted with medicine she yielded more in a friendly way than in a hopeful spirit. After using the pills for a short time a gleam of hope, a wish to get well again took possession of her and the treatment was cheerfully continued. It was no false feeling but a genuine effort nature was making to reassert itself, and before many boxes were used the family were joking their mother on her appetite, her disappearing cough and the fright she had given them. The use of Pink Pills was continued for some time longer and now Mrs. Strickland's elastic step and general, excellent health, would lead you to imagine that you were gazing upon a different woman, not one who had been snatched from the very jaws of death. She was never in better health and spirits, and no matter what others say she is firm in her belief that Pink Pills saved her life and restored her to her wonted health and strength.

Dr. Williams' Pink Pills are an unfailing cure for all troubles resulting from poverty of the blood or shattered nerves, and where given a fair trial they never fail in cases like that above related. Sold by all dealers, or sent postpaid at 50 cents a box, or 6 boxes for \$2.50, by addressing the Dr. Williams' Medicine Co., Brockville, Ont., or Shenectady, N. Y. See that the registered trade mark is on all packages.