## A CASE OF GENERAL PARALYSIS OF INSANITY

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Mr R., aged 39 years came to the All India Institute of Speech and Hearing on 6-12-1968 with a complaint that his speech was not clear and was difficult to understand. The speech pathologist's observation was that in running speech articulation was severely distorted. Articulation in words however was much better. Sounds 'r' 's' 't' 'd' ' $\mathfrak{D}$ ' ' $\mathfrak{D}$ ' and 'sh' (S) were found to be severely distorted. His control over the tongue seemed to be disturbed and he could not raise his tongue in running speech. However, under control, with stimulation he could say all the sounds correctly. He was also observed to continuously smack his lips and clutter his words while speaking. The case was tested for aphasia and the results were negative. E.N.T. findings as well as hearing were found to be normal.

The psychological examination revealed the following: The attentive abilities were normal, concentration was fair, and memory was poor. Comprehension and perceptual abilities were found to be fair. Ability for abstraction was found to be impaired, particularly on the Koh's Block Design Test. Forward and backward digit performance was not consistent. Co-ordination of fingers was found to have been affected, the handwriting being disconnected and illegible. Neurosis or any other psychological problem as the causal factor was ruled out. Organic involvement of the C.N.S. was suspected. Accordingly neurological examination and serological tests were recommended.

The neurological examination failed to reveal any further information. The general condition of the patient was found to be good. Higher functioning, the cranial nerves, the spinal system and the reflexes were found to be normal.

As the various specialists remained undecides as to the diagnosis, further information was sought from the All India Institute of Mental Health, as the case was referred to us from there. The report from All India Institute of Mental Health proved to be conclusive. This report indicated that the patient had consulted All India Institute of Mental Health on 17-3-1966, when he showed mental disturbance. His speech was slurred, had fine tremors, brisk jerks and Argile His blood serological test for syphillis was also Robertson pupillary reactions. positive. He was diagnosed as a case of G.P.I. and was put on P.A.M. on two occasions, as a result of which the mental disturbance had cleared. The patient was then referred to this Institute as he had a residual speech problem. On obtaining this information the case was put under therapy. Therapy was primarily aimed at increasing the case's control over his articulation in sentences of varying length, using the single word in which his articulation was good, as the basal line. Therapy sessions lasted for half an hour a day, for a period of 15 days after which the case was unable to continue therapy. However, considerable improvement was noticed in the patient's speech at the end of this period.

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