

clinical assessment — geriatric (SCAG). *Journal of the American Geriatrics Society*, 22, 107–113.

## 2. For detailed assessment of behavioural abnormalities:

### (a) *Present Behavioural State*

Hope, R. A. and Fairburn, C. G. (1988). Present behavioural state — a semi-structured interview. In preparation.

### (b) *Mood Depression*

None is suitable for assessing mood in people with dementia.

### *Short Zung Interviewer-assisted Depression Rating Scale*

Tucker, M. A., Ogle, S. J., Davison, J. G. and Eilenberg, M. D. (1986) Development of a brief screening test for depression in the elderly. *Journal of Clinical Experimental Gerontology*, 8, 173–190.

A quick scale to screen for depression of the elderly (but not demented).

### (c) *Geriatric Mental State Schedule*

Copeland, J. R. M., Kelleher, M. J., Kellett, J. M., Gourlay, A. J., Gurland, B. J. and Fleiss, J. L. (1976). A semi-structured clinical interview for the assessment of diagnosis and mental state in the elderly: the Geriatric Mental State Schedule. 1: Development and Reliability. *Psychological Medicine*, 6, 439–449.

For detailed psychiatric assessment of the elderly.

## 3. Useful reference works:

Israel, L., Kozarevic, D. and Sartorius, N. *Source Book of Geriatric Assessment*, Vols 1 and 2. Basle: Karger, S. in association with WHO.

This contains a detailed summary of about 150 assessment schedules relevant to geriatric medicine (not all relevant to dementia).

Woods, R. T. and Britton, P. G. (1985) *Clinical Psychology with the Elderly*. New York: Croom Helm.

Has a useful discussion of assessment procedures.

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# The death of Paganini

In the July 1987 issue of the *Journal* (21, 202) Dr Green and Fiona Green ascribe the death of Paganini to the combination of tuberculosis and syphilis. Both these diseases were recorded at the time of his death, but no autopsy was performed. Moreover, there is evidence to suggest that he succumbed to mercury poisoning. Paganini's correspondence first mentions serious ill-health in 1820, when he was beset by a chronic productive cough. A Palermo physician tried to remove the 'hidden poisons' by prescribing 'Roob', a laxative made from fruit essences. From then on Paganini purged himself with strong laxatives. The cough persisted and in 1823 he consulted Dr Sira Borda, who, knowing of Paganini's long history of casual sexual relations, diagnosed a 'hidden syphilitic infection of long standing'. He prescribed mercury in what Paganini called 'murderous doses'. The immediate result was stomatitis, gastrointestinal disturbance and loosening of the teeth. But the mercury treatment was continued.

In 1828, Paganini consulted Dr Benati, who later wrote of his patient that mercury had had the most disastrous effect on his health. Paganini's teeth were then so loose that he had threaded them together with twine. Benati did not agree with the diagnosis of tuberculosis or syphilis made by other doctors. He got Dr Miquel to examine him, being well versed in the use of Laennec's stethoscope, and Paganini was assured that his lungs were perfectly sound. However, he continued to cough up large quantities of sputum; this might have been due to excessive salivation induced by mercury. His bowel problems continued. He recorded their movements in great detail and continued his regime of laxatives that now included 'calomel' (mercurous chloride). At the same time he took opium to stop his cough.

By 1828, Paganini had become reclusive and apathetic. Observers commented on his deathly pallor and greyish complexion. Paganini thought he had become very ugly. His handwriting was also deteriorating and his jerky

movements were noted. Again this may have been a sign of chronic mercury poisoning, although the massive doses he had taken for alleged syphilis were no longer being given. Abuse of purgatives did continue to be a feature of his life. Paganini disappeared from the concert platform after 1832.

Eyewitnesses wrote of his trembling hands, a possible reference to 'hatter's shakes', and before he died, Paganini himself wrote of gross, dependent odema and a chronic cough. The explanation of this may have been chronic renal failure with saline overload caused by the many toxic medications.

Given that Paganini suffered from chronic mercury poisoning, there is no need to attribute his symptoms to neurosyphilis. Indeed, there is no mention of the paralysis that usually accompanies neurosyphilis. Although unsteady on his feet, the virtuoso was able to walk, and attempted a game of billiards a few months before his death. The diagnosis of syphilis in the early 19th century was often dubious; Philippe Ricord, differentiated syphilis from gonorrhoea as late as 1838.

If Paganini's primary complaint of cough was due to tuberculosis he survived the infection for an unusually long time. He did have haemoptyses in his final illness and he died a recluse in 1840. Certainly, his prolonged ill-health was, at the least, exacerbated by chronic mercury poisoning and laxative abuse.

## Bibliography

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