

Varolii and medulla oblongata being, however, in both sexes, somewhat greater than that of the cerebrum. The observations do not afford satisfactory information as to the influence of age on the specific gravity of the brain.

6. The observations in the weight and specific gravity of the diseased brain are too few to warrant any conclusions being deduced from them; but there can be no doubt that the brains of persons who die of inflammatory diseases of that organ, or of diseases which interfere with the free transmission of the blood through the lungs and occasion general venous congestion, are usually heavier than those of persons who die of other affections.

*Notes on Hæmatoma of the External Ear in the Insane.* By W. PHILLIMORE STIFF, M.B. Lond., Medical Superintendent of the County Asylum, Nottingham.

(*British Medical Journal*, 1st August, 1863.)

“The subject (says Dr. Stiff) of sanguineous cyst of the ear in the insane is of importance in a medico-legal point of view. Some writers allege that these hæmatic cysts are the result of injuries, either self-inflicted or from the employment of violence on the part of attendants and nurses. The statement of Gudden, in support of the latter view, has been most extensively circulated. He maintains that these swellings are entirely owing to mal-treatment, and points out that ears closely resembling those of the insane are not unfrequently met with amongst sculptures depicting pugilistic *athletæ*. Singularly enough, in his efforts to bring this home to the attendants, he avers that he has never met with an instance in which the injury could be traced to the patient himself, or to other patients. How this can be reconciled with the fact that patients frequently fall on the ear in fits, and are struck on it by their own associates, I am at a loss to imagine. Again, in the lately published work of Dr. Kramer, ‘*On the Aural Surgery of the Present Day*,’ the observations of that author are calculated to encourage the theory of the physical origin of the disease. He says—‘The causes of these bloody tumours on the cartilage of the ear are unknown, though we must admit that they are especially likely to be produced by violence (blows on the ear), which, perhaps, explains their more frequent occurrence on the left ear.’ (New Sydenham Society’s edition, page 41.) In the ‘*British and Foreign Medico-Chirurgical Review*’ for January, 1858, I published a short memoir on this peculiar disease, illustrated by engravings after photographs of the altered ears; and I therein advocated the contrary opinion, based upon observation and inquiry, that the lesion is not occasioned by physical

injury, but that it is the result of a spontaneous hæmorrhage arising out of a pre-existing diseased condition of the vessels of the pinna of the ear.

“Two cases came under my notice last autumn, strongly confirmatory of this opinion. Both were to be seen running their course together, but distinct in their appearance and characteristics. The one was a well-marked example of hæmatoma, arising without any external interference; the other, a case of severe contusion of the ear after a blow, not presenting any appreciable swelling, but only ordinary interstitial ecchymosis, although this patient was predisposed to hæmatoma, and was the subject of partial ossification of the cartilage of the opposite ear.”

Dr. Stiff here relates these two cases, which he says corroborate, in a remarkable manner, the views of those who consider that the phenomenon is the result of disease, and not of accident, and that they may be regarded in the light of a crucial experiment, decisive of the question at issue, confirming the fact, in the one instance, that hæmatoma may be developed without the intervention of external violence, and disproving, in the other, that it could be produced by a blow in a person predisposed to the affection.

“It is admitted on all hands (continues Dr. Stiff) that these effusions occur most frequently amongst the insane, or in patients affected with serious lesions of the nervous centres. It has been shown by several pathologists that there is a pre-existing state of disease before the occurrence of the sanguineous effusion. The disease may be observed in both ears in different stages, and occasionally the cartilage may become ossified without the occurrence of the stage of effusion. When blows are received by the same class of patients over the analogous structures of the eyelids and nose, the same morbid changes do not take place. Epileptics are less liable to it than chronic maniacs. Cartilaginous nodules are sometimes developed after wounds of the ear; but their history, course, and pathology, are quite distinct.

“In two specimens of hæmatoma occurring in the ears of the same patient, Mr. Toynebee informed me that he had found the cartilage of the right ear greatly hypertrophied, and in some parts ossified. It had Haversian canals and corpuscles like normal bone. Bony matter was deposited in the left ear, which did not go through the various stages.

“I entertain no doubt that the disease depends upon internal or centric causes, and is, probably, one of the results of the atheromatous diathesis. It runs a well-defined course, the duration varying from a few days to several years, and, unlike contusions, leaves structural alterations and disfigurement of the organ.”