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(To be continued.)

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### CLINICAL NOTES AND CASES.

*A case of Melancholia, with Lipoma, apparently becoming demented. Operation and Recovery.* By **FREDERIC P. HEARDER, M.B., C.M.**, Assistant Medical Officer, West Riding Asylum, Wakefield.

W. B., male, æt. 50, admitted to the West Riding Asylum in November, 1894; first attack of three months' duration. Family history good. He had been a hard-working, sober, and thrifty man, the nature of his calling exposing him much to the weather. A tumour had grown during 20 years on his arm, and, for some

time previous to admission, had caused sleeplessness from pain, and had become a constant source of worry. Delusions of persecution with aural hallucinations gradually developed, he became irritable, violent, and frequently attempted to appear in public in a state of nudity.

On admission his *appearance* was suggestive of dementia, expression stolid, memory for recent events much impaired, *e.g.*, on the day following admission he could not remember when he had come to the asylum, or which of his relations had accompanied him. Many simple questions he answered with "Nay! I don't know," and in attempting to answer others became incoherent. He several times put his hand up to the left side of his head complaining, "It's all in my head." He had hallucinations of sight and hearing.

*Physical Condition.*—He had a pendulous lipoma, growing from the posterior surface of his right upper arm, which measured 12in. in length by 6in. through its greatest breadth, the pedicle being 7in. in length. The skin over the lower free end had ulcerated from pressure. Reflexes were normal. Cardiac deep dulness was increased, arteries slightly fibrous, pulse 100. He had slight dulness at the right apex, with jerky inspiration and prolonged expiration. Urine acid, sp. gr. 1017. No albumen.

On admission I asked his son for permission to remove the tumour, and was refused.

Two months later the ulcer at the lower end of the tumour was becoming foul in spite of frequent change of antiseptic dressings.

A month later there was an abscess at the lower end of the tumour, and pus increased to 10 oz. a day. Notwithstanding extra diet and tonics he was failing in strength, lost 14lbs. in weight, and was apparently becoming more demented. Temperature hectic. He was too weak to be out of bed. There was much mental torpor, and he needed constant attention.

Having several times repeated my request to be allowed to remove the tumour, in vain, permission was now granted, and on 18th Feb., 1895, I removed the tumour under ordinary antiseptic precautions. On coming out of chloroform the patient became very restless. Trional grs. xv and a  $\frac{1}{2}$  gr. morphia suppository were exhibited. His restlessness necessitated redressing the arm on the following morning, when there was found but slight blood and serous discharge; one stitch near the upper end of the incision had drawn through.

The wound continued healthy and healed well. The patient's appetite became ravenous. He became steadily brighter mentally and continued to improve till he left on a month's probation, and on 14th May, 1895, was finally discharged recovered.

At the end of February, 1896, the patient's progress was reported as satisfactory, bodily health good, at work every day.

The case is interesting, as the tumour produced insanity, and as the removal of the cause was followed by mental and bodily recovery, in a man beyond his prime, and specially as this recovery was from what appeared to be a state of advancing dementia.

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*Case of Cervical Caries involving Left Edge of Foramen Magnum and Condyle of Occiput, Left Supra Articular Surface of Atlas and Odontoid Process of Axis (posterior aspect.)* By C. HETHERINGTON, M.D., District Asylum, Londonderry.\*

E. O., æt. 33, admitted to Londonderry Asylum 7th November, 1890. Mental state, dementia. Bodily health and condition good except for occasional vomiting of large quantities of partly digested food.

For several months previous to his death patient had had rigidity of the trapezii muscles, but as there were no external local manifestations of disease, and as patient would never permit any internal examination of his throat, and could volunteer no information, his condition was considered to be one of ordinary stiff neck.

25th August, 1894.—Patient first complains of pain in the back of his neck and refuses all solid food.

1st September.—Apparently suffers great pain in back of neck on slightest movement, and almost cries out when it is touched. Has great difficulty in swallowing fluids. Morning and evening pyrexia, extensive inflammation with swelling at back of neck; no definite fluctuation. Deep-seated abscess suspected. This afternoon lost all power of left arm and leg.

2nd September.—Breathing hurried and shallow, profuse perspiration, great prostration. 1 p.m., died.

8th September.—*Autopsy.*—Confined to cranium and cervical spine. Undue prominence of spinous process of axis.

*Brain.*—Nothing found to account for left hemiplegia.

*Cervical Spine.*—A certain amount of swelling and inflammation with thickened tissues, and a layer of pus between upper cervical vertebræ and pharynx. Caries was discovered involving the left edge of the foramen magnum and condyle of occiput, left supra articular surface of atlas and odontoid process of axis (posterior aspect). The disease was confined to the anterior part and left side of the above-mentioned parts, and accounted for the left hemiplegia.

\* Specimen and photographs shown, and notes read at the meeting of the Irish Division of the Medico-Psychological Association held at Londonderry August, 1896.