of neuroglia cells, which are separated by a small amount of fibrillated matrix (myxoglioma).

CONCLUSION.

So-called *hypertrophy of the brain*, really a diffuse increase of neuroglia (NEUROGLIASIS) with localised gliomatous masses, having the characters of a myxomatous glioma. The general distribution of this lesion suggests the possibility of it being the result of some congenital defect.

A Case of Tumour of the Frontal Lobes of the Cerebrum in which Sleep was a Marked Symptom.

By THOMAS PHILIP COWEN, M.D., County Asylum, Prestwich, Manchester.

THIS case, which was otherwise an ordinary one of tumour of the frontal lobes, presented as the most marked symptom persistent sleep.

This condition of sleepiness was first noticed about two months after his admission to the asylum, and which persisted to the end, some six months later.

The patient was constantly asleep, both day and night, and had to be kept in bed, as he was apt to fall and to hurt himself.

The sleep appeared to be quite a natural one, even up to the end, and the appearance of the patient was that of a person overwhelmed by fatigue.

It was quite easy to awaken him, and then he would answer fairly rationally for a minute or so, but then his attention waned, and he would fall fast asleep again.

Even when being fed it was difficult to keep him awake, except by constant stimulation.

With the exception of optic neuritis, no other symptoms of nervous disorder were noticed.

I have seen a good many cases of frontal tumour, but persistent sleep as a prominent symptom is new to me, and therefore I think the case worthy of notice.

M. D—, male, æt. 36, married, a policeman, was admitted to the County Asylum, Prestwich, on June 28th, 1901, suffering from melancholia. His previous health had been good up to quite recently, when he had a severe attack of influenza, which was followed by severe neuralgia of the face and head. He had done his duty as a police officer up to three weeks before admission. There was a gradual onset of depression for about eleven days before admission.

On admission.—He is a fine stout man. Has a dejected aspect and is very emotional; says "he does not know what will become of him;" does not complain of any pain in any part; his thoracic and abdominal viscera are normal; he shows no signs of organic disease of the nervous system, and his pupils are equal and react well to light. Knee-jerks and other reflexes are normal.

July 11th.—He became restless and excitable at night, complaining of constant slight pain in front of head. In the daytime he is dull and is often asleep.

August 15th.—He has ceased complaining of headache; is now always asleep, both night and day; falls asleep, even at meal times, and tends to hurt himself as he falls out of his chair when asleep. He can be awakened, but falls asleep again directly.

September 15th.—There is no change mentally; is still always asleep. When disturbed he is able to give a good account of himself, but has lost the power of prolonged attention, and is apt to be very forgetful of what has been said the moment before. No paralysis, pupils equal, rather wide, and react badly to light. Knee-jerks rather brisk.

November 7th.—In same condition, but now is apt to make to and fro movements of the right hand, even when asleep, but these he can arrest when told to do so, and they are probably functional. He has marked optic neuritis in both eyes, especially marked in the left. He is wet and dirty in his habits, probably from inattention. There is no squint or affection of facial muscles. No vomiting has occurred. No paresis of arms or legs, and he can sit up when told to do so.

January 7th, 1902.—No further change mentally. Is now quite blind. He says, in broad daylight, that "it is quite dark, and that he could see me if I lighted a candle." Pupils are wide and do not react to light. The knee-jerks are now absent.

February 2nd.—He is at times rather restless, and tries to get up, saying, "I want my clothes, as I have to go on duty." He is still dull and sleepy for the most part, and it is more difficult to awaken him, but when he is fully awake he still shows a very fair intelligence, and even gives smart answers; but this he cannot keep up, and falls speedily into a heavy sleep again. No fresh nervous symptoms. The swelling of the left optic disc is subsiding, leaving the outer half clear, which is of a chalky whiteness.

February 6th.—His heart began to fail rather suddenly, and he died at 7.40 p.m. He had no fit of any sort. His temperature rose for the first time shortly before death to 103°.

At the *post-mortem* a large tumour of a sarcomatous nature was found. This tumour had grown from the membranes, and had infiltrated both frontal lobes on their under surfaces to a depth of about three inches.