responsible for the lengthy list of murders which I have brought under your notice.

I have attempted to enter into the inner temple of my patients' minds—I fear I cannot call it a holy of holies—and to tell you what I found there, and I say definitely that it is not the homicidal idea that dwells there.

(1) A paper prepared for the Annual Meeting of the Medico-Psychological Association held at Cork, July, 1901.

Clinical Notes and Cases.

An Abnormal Brain of Excessive Weight. By JOHN SUTCLIFFE, M.R.C.S., L.R.C.P., Assistant Medical Officer, Manchester Royal Lunatic Hospital, Cheadle; with Pathological Report by SHERIDAN DELEPINE, M.B., Professor of Pathology and Director of the Pathological and Public Health Laboratories in the Owens College, Manchester.

MR. B—, an accountant æt. 37, was admitted into this hospital on February 6th, 1900, suffering from epileptic mania. That there was insanity or other diseases of the nervous system in his family history was denied, but his brother was said to be very eccentric and to take too much to drink. There was also a suspicion that another brother died of some mental or nervous disease. The patient was married at 21, and his wife had had four children—no miscarriages; the eldest and third are alive and in good health, æt. respectively 16 and 12; the second died at 2½ years and the fourth at four months, both in convulsions. He was always excitable and masterful, and latterly had been very quarrelsome; he had always been a sober, steady, hard-working man and a good and kind husband and father. He had built up a good business as an accountant and estate agent. He had had good bodily health generally until five years ago, when he had an ischio-rectal abscess followed by a fistula, which was cured by operation. When he was a boy a brick fell on his head and caused a contused wound, the scar of which is about one and

a half inches long on the left side behind, and in which he often had a stabbing pain. He had his first fit when he was 22 years of age, and for some years had them every fourteen to twenty-one days. In a fit he usually turned round and fell down, was unconscious for about an hour, slept about ten minutes, and was then all right. Twelve years ago he was assaulted and knocked down. He was picked up insensible and bleeding from his mouth, nose, and ears; his eyes were "bloodshot" for some time afterwards; he was unconscious for three days, then resumed his business. Since this accident he suffered from very severe headaches, and the fits gradually grew longer in duration and more frequent, until at the time of his admission he had them daily, and sometimes several on one day. Often during the fits latterly he had passed water and occasionally fæces. He had left internal strabismus. There was no syphilis. This was the first attack of mania, and was of a week's duration. For the previous six or eight weeks he had been excited, quarrelsome, and extravagant, but had attended to his business. He had threatened suicide, and to kill his wife. On his admission he was in a state of epileptic mania, talked continuously, complained of everything, said his food was poisoned, accused his wife and daughter of immorality, and was very emotional. He said he had intense pain in his head and was sure there was something seriously wrong with it. The urine contained neither albumen nor sugar. The excitement passed off quickly and he was discharged recovered on the 21st. He had several epileptic attacks during his stay. He was admitted again on January 23rd, 1901, with very similar symptoms. During the time he was at home he had not been able to do much work. When the acute excitement passed off, which it did in a few days, it was found that he had loss of memory and was somewhat demented. In addition to the epileptic attacks, which were very frequent and in which he wetted himself, he had fits which simulated epileptic fits; he fell down carefully and did not wet himself. The delusions persisted, and he was always complaining. In April he said he was going blind, and on examination optic neuritis was discovered. The urine at this time had a specific gravity of 1022, no albumen, no sugar. The optic neuritis rapidly went on to atrophy, and by June he was quite blind. On the evening of July 20th he was heard

snoring loudly, and was found unconscious, sitting in his chair. He could not be roused; the temperature was 102°. Next morning he had regained consciousness; the temperature was 102°, the pulse 100, full and bounding, and the skin bathed in perspiration. In the evening he was drowsy but could be roused, answered when spoken to, and put out his tongue when asked to do so. The temperature was 105·8°, the pulse rapid, and the perspiration still very profuse. About six o'clock next morning (July 22nd) he again became comatose, and remained so until he died at 8.15 a.m. A *post-mortem* examination was made next day by Mr. P. G. Mould. There appeared to be nothing abnormal about the skull, and there was no sign that it had been fractured. The brain weighed 69 ounces, and was sent to the Pathological Laboratory at the Owens College for examination.

Professor Delépine made the following report:—Brain, cerebellum, pons, and medulla, weight 69 ounces. All the parts of the encephalon were enlarged, viz. brain, cerebellum, and pons. The enlargement was more marked on the left than on the right side in the case of the hemispheres and pons; with regard to the cerebellum the enlargement was more uniform, but the right half seemed to be somewhat larger than the left. In both hemispheres the frontal lobes were chiefly affected, then the parietal and temporo-sphenoidal. In these parts the convolutions were flattened and much broader than normal. Their consistence was not equal, some of the larger convolutions being somewhat softer than the convolutions least enlarged; but the difference was by no means clearly defined. Two convolutions were the seat of a very marked local enlargement, and were very soft, and even myxomatous to the feel. These convolutions were the left gyrus fornicatus and the marginal convolution. The gyrus fornicatus was affected specially in the neighbourhood of the genu of the corpus callosum; in that region it presented a well-defined swelling, measuring about one and a half inches in diameter, and situated almost exactly in front of the genu. Only those portions of the marginal convolution adjacent to the calloso-marginal fissure took part in the formation of that swelling. This swollen portion of the left hemisphere projected at least half an inch into the corresponding parts of the right hemisphere,

which were compressed by it. Although the swelling was sharply defined it did not obliterate the contour of the convolutions, which seemed simply enlarged. On section the white matter was found to be of the same consistence as the grey matter, and more transparent than normal, to a depth of nearly two inches from the surface. The callosal fibres passing through the soft patch were quite distinct, but more spread out than in the normal state. An enlargement of the gyrus fornicatus and slight softening was noticeable along the greater part of the length of the corpus callosum, but these features were not more marked than in several other of the external convolutions. Behind the swelling mentioned above, the white matter of the left centrum ovale was softened. In the right subthalamic region there was a small mass, having the appearances of grey matter; this caused almost complete obliteration of the descending horn of the left lateral ventricle. The grey matter of several of the external convolutions appeared on section to be much altered, being hardly distinguishable from the subjacent white matter. Generally speaking, the grey matter was thinner and the white matter more abundant than in a normal brain. The white matter was in certain parts more white and opaque than usual, in others it had, on the contrary, a brownish colour. There was no marked congestion of any part of the brain. The ventricles were not enlarged, with the exception of a portion of the descending horn in the right lateral ventricle, which was slightly dilated.

Microscopical Examination.

(A) *Ascending frontal convolution and part of superior frontal convolution.*—General increase of neuroglia; neuroglia cells generally few; number of nerve-cells diminished; among the cells of the pyramidal layer there are some which are clearly degenerated; beneath the layer of large pyramidal cells some excessively large ganglion-cells are present (giant-cells of Betz); these seem to be larger and more numerous than in the normal brain.

(B) *Gyrus fornicatus in front of genu.*—Normal structure of convolution undistinguishable, owing to considerable increase

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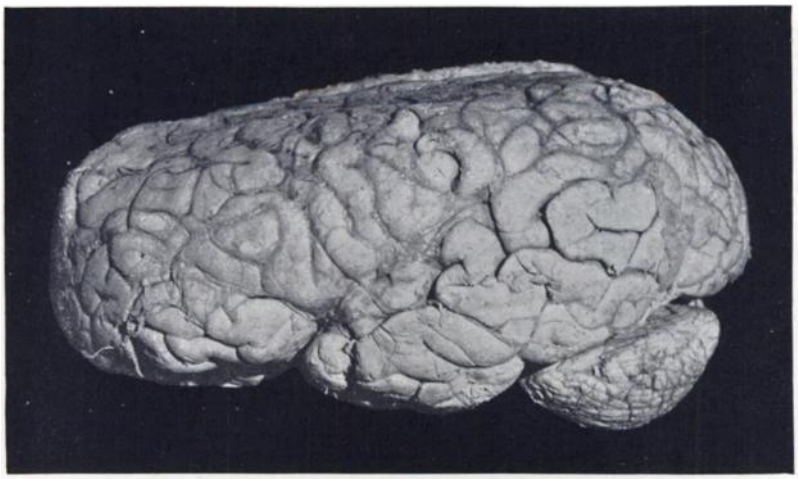

FIG. I.—Side view of the left side of the Brain.

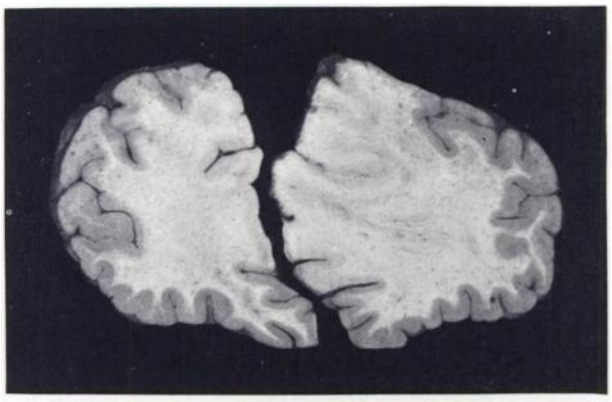

FIG. II.—Frontal section immediately in front of the genu of the Corpus Callosum.

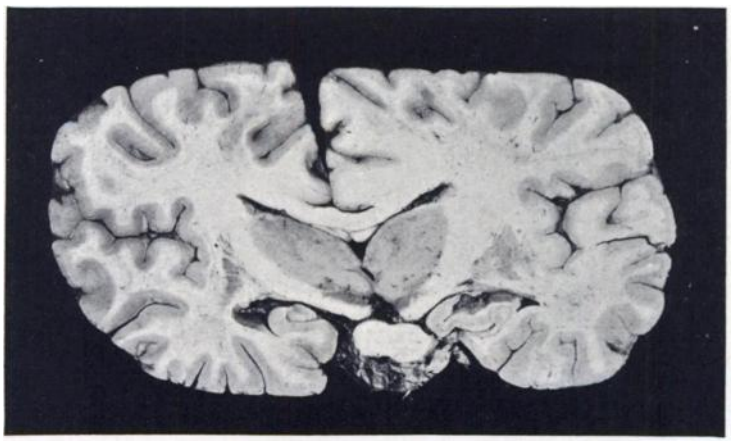

FIG. III.—Frontal section at the level of the anterior part of the Pons Varolii.
To illustrate paper by J. SUTCLIFFE, M.R.C.S., and Professor DELÉPINE, M.B.

Bale and Danielsson, Ltd.

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.