

blunt, and that during the earlier months of his residence, especially at the time of his admission, he exhibited well-marked grandiose delirium, and other peculiarities which led to the suspicion of general paralysis, a disease in which cortical and meningeal changes have part. There is no need to take further note of the epilepsy and inco-ordination of muscles than to bear in mind that "congestive" attacks accompany general paralysis, and inco-ordinated movements indicate interference with the functions of the middle lobe of the cerebellum.

My opinion is that this man's case was one of concussion of the brain in the first instance, with, as an immediate result, a local destruction of nervous matter, and the kindling of a chronic meningitis, the mental disturbance being dependent and resulting.

I am here brought back to my starting point, that pachymeningitis is an unusual term, adopted for a condition which is now understood to be little more than the organization, almost abortive, of a sub-dural blood-clot. With such a condition my case has nothing in common but situation, but there is danger that the term will be applied to both.

I spoke incidentally at the outset of the case in which hæmatoma was the result of shrinking of a hemisphere; and to contrast that case with the one just related has been most interesting.

In that case the cerebral lesion was confined to the motor area—in this case the disease overran large areas of the cerebellum and cerebrum, but all outside the pale.

In both the objective symptoms were complementary; in one the disorganization was advertised in the striking capitals of crippled limbs and contracted muscles; in the other it lay enshrouded in the dim characters of clouded intelligence and in mistranslatable convulsion; a ray of light entering in with the transient disturbance of motor co-ordination.

Case of Insanity associated with Chorea in Advanced Life.

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B. McD., domestic servant, æt. 64, was admitted into the Perth District Asylum on April 6th, 1888. Came from Perth Poorhouse, where she had been an inmate for two years. There was no family history to be got, and her personal history was meagre. Symptoms of insanity in the form of delusions of suspicion, hallucinations of

sight, and irritability showed themselves two months before admission into the poorhouse. The choreic symptoms began to develop two weeks later.

On admission, as regards her mental condition, she was maniacal, suicidal, and had delusions. Her memory was much impaired, and her sleep disturbed.

Physically she was of small stature, senile in appearance, reduced in condition, and in weak bodily health. Temperature, 98.4°; pulse, 84, but so feeble as to be barely perceptible; cardiac sounds feeble and indistinct; respirations irregular; breathes in spasmodic jerks of varying depth; numerous rhonchi heard over chest; cough; teeth almost all gone; tongue furred; appetite capricious; bowels confined; constant choreic movements of tongue, lips, neck, and arms; pupils unequal.

After admission she was so feeble that she was confined to bed for about a month, but at the end of that time she had improved so far in general health as to be allowed to sit in the sick room. The choreic movements gradually increased in severity, and her physical condition on July 16th, 1889, was much the same in regard to external appearance and general condition as on admission. Her general bodily health, however, had somewhat improved.

She was markedly choreic, the muscles of the face, lips, tongue, neck, arms, and upper part of the trunk, being affected. The movements were constant, and consisted of the head being drawn back and rotated to one side, generally the left. At the same time the mouth opened, the lips twitched, and the eyes turned towards the same side as the head. Both forearms were flexed, and the limbs rotated outwards. The lower extremities were freer from choreic movements, and she could walk fairly well, although there was slight paresis of the right leg. Excitement always increased the severity of the movements, and when she spoke the facial and lingual movements became very inco-ordinate, and speech was spasmodic, the last word being uttered in a breathless manner. Sleep was disturbed, and the spasms were sometimes so severe as to throw her out of bed.

On July 21st she had a slight paralytic stroke of the right side, complicated by severe congestion of the lungs, from which she never recovered, but died on July 29th. The choreic movements got less intense after the paralysis, but they never altogether ceased till death.

A post-mortem examination was performed forty-two hours after death, and the following are among the points noted:—Scalp thin; calvarium hard and dense; dura mater adherent to one or two parts on either side of the longitudinal sinus, and firmly to the base. The membrane was thick and much congested, and when cut into about four ounces of serous fluid escaped. The longitudinal sinus had a firm clot in it two inches long. The arachnoid was in

a similar condition to the dura mater, and the pia mater was engorged with blood and much thickened. It was adherent to one or two points of the brain at the vertex, but at the base it was so adherent that it could not be stripped off without lacerating the brain substance. This was especially noticeable on the floor of the fourth ventricle. The pia mater of the cerebellum was likewise very adherent and more congested and thickened than any other part. Both large and small vessels were atheromatous. The brain was small, weighing $42\frac{1}{2}$ ounces, and the convolutions atrophied. It was soft in consistence, and readily lacerated by examination. The grey matter was reduced in depth, and there were many puncta on the cut surface. The lateral ventricles were distended to a slight extent, and their walls were lined by a layer of colloid-looking substance. There were two cysts, about the size of filberts, on the right choroid plexus.

The total encephalon weighed $44\frac{1}{2}$ ounces; right hemisphere, 18 ounces; left hemisphere, $18\frac{1}{2}$ ounces; pons and medulla, one ounce; cerebellum, five ounces.

Both lungs were much congested, and there were a few calcareous nodules in the apex of the left one. Heart small; walls thin and friable; no valvular lesion. A few calcareous scales were on the aortic cusps, and on the ascending part of the arch of the aorta. There was a large hæmorrhagic infarction of the spleen.

OCCASIONAL NOTES OF THE QUARTER.

Assistant Medical Officers.

We are glad that the last quarterly meeting of the Association was marked by the introduction of a paper on the status and prospects of the Assistant Medical Officers of Asylums for the Insane. This communication, contributed by three physicians holding office in asylums at the present time, will be found in the current number of the Journal, and will repay careful perusal. The fairness and moderation of the style in which it is written ought to commend it to our readers. That it was received by the meeting in an appreciative spirit will be evident to those who read the discussion, given in "Notes and News," which followed. It cannot be denied that there is much to discourage this class of medical officers, and to prevent, therefore, young physicians of high standing entering into this field of labour. To our certain knowledge there are