inequality of moral attainment. . . . The public administration is hampered by general rules, and is therefore unable to make the same degree of allowance." Bain contrasts the case of the school-boy whose anger has led him to injure another boy, with the subject of moral insanity. In the former case it is right because it is possible to supply through punishment another motive which will counteract the repetition of the act, but in the latter case, where there are impulses morbidly strong which can only in a very limited degree be counterworked by the apprehension of consequences, Bain allows that the application of a stronger motive falls through, and that punishment is no longer the legitimate remedy. It is as cruel as it is useless. We must, however, make it impossible for him to indulge his deplorable propensities, and in some instances, perhaps, moral influences may modify the tendencies of even this class of beings, Opinions will differ, I think, as to whether it is wise to deprive them of the advantages of education, as proposed by Dr. Kerlin.

Cases Contributed by Dr. PERCY SMITH, Assistant Medical Officer, Bethlem Hospital.

I.—*Two Cases of Moral Insanity.*

CASE I.—B., æt. 53, son of a highly-respected and well-to-do city merchant. One paternal uncle was insane for a short time after business losses; another uncle married a servant, and among his children was a "ne'er-do-well." Other members of the family have decided musical and artistic genius.

Patient was the youngest of eight children. His mother died of cholera shortly after his birth, so that he had not the advantage of her training in youth. His father was a very strictly religious man, with rather narrow views, and very little tolerance of other people's opinions, and was strong-willed, fond of having his wishes and orders strictly carried out.

While the patient was a boy he was always mischievous, and though possessing a good memory, and quickness and aptitude for learning if he took trouble, he would never settle to work. In youth, he was sent to live with a clergyman, with a view to his entering the Church; but as he did not display the requisite frame of mind for that profession, he was taken into his father's business. For some years he remained at work, but would never submit willingly to his superiors, and often took holidays without leave. This was, however, overlooked for a time. It was then discovered rather suddenly that he had

married a hairdresser's daughter much below him socially, without having provided a home for her. His indulgent father provided them with means to live, and finally, as he would not submit to his elder brothers in business, he was started on his own account. He, however, after a short time, neglected this, and was always at race meetings instead of at work. His business failed, his father paying his debts. About this time his wife died, leaving two children, a boy and a girl. As our patient was not in a position to provide for them, they were taken care of and clothed and educated at the expense of his father. For the last 15 years he has earned a precarious living, sometimes on his own account, sometimes in other people's employ, but neglects whatever he has to do in the same way as formerly. A few years ago he married again a person socially beneath him, and his habits have not brought his wife much happiness. Some money left him by his father he soon squandered, and he has been a constant source of anxiety to his brothers and sisters. He is now to be found drinking in public-houses when he should be working, but always seems light-hearted and jolly, as if he were utterly unable to appreciate the trouble he has caused other people. Pecuniary difficulties never seem to cause him the slightest anxiety, and he does not seem to have any desire to prepare for old age.

This case might be looked upon, and, in fact, is looked upon, by his immediate relatives as one of simple wickedness, his intellect seeming to be perfectly sound. Those who take this view will probably admit that the history of his son points clearly to congenital moral imbecility in him, no doubt inherited directly from the unstable father.

Case II.—B., jun., æt. 26, the son of Case I. When quite a child was very passionate and troublesome. He also early developed a malicious pleasure in playing practical jokes, such as pulling away a chair when anyone was about to sit down, pushing other children out of swings, &c. As his father habitually neglected him, and left him to the care of his grandfather and two very careful aunts, he was practically free from the influence of his father, who cannot, therefore, be blamed for his conduct.

He was sent to the Blue-coat School, but, after a stormy career there, had to be expelled. He was then sent to a situation in an office in the city. One day he was found to have bolted with some money belonging to his employers. He was caught, and his offence hushed up out of respect for his grandfather. He was then sent to sea. After two or three voyages he got tired of that, and left his ship. As he was now upon his own resources, he was hard pressed to know how to live. He took, however, perhaps the wisest course under the circumstances, and enlisted as a private in a line regiment. When last heard of he had been in the Zulu War, at the battle of Ulundi. It is

to be hoped that the discipline of the Army may keep him out of mischief. He will probably, however, desert sooner or later.

In both cases the defect appears to consist in a want of appreciation of the results of actions and inability to reform after repeated disasters have been brought about by the misguided will. In both cases the patient has, after a great fall, always promised to amend his ways; but, like the dipsomaniac, has never been able to resist the temptation to temporary pleasure, regardless of consequences.

II.—*Cases of Temporary Improvement of Mental Symptoms co-existent with the Development of Local Inflammations, with relapse upon the diminution and cure of the latter.*

The two following cases exhibit what is very commonly seen in asylums, viz., the temporary abeyance of mental symptoms concurrently with the establishment of some local inflammation. They are recorded because the particular local diseases observed are of somewhat rare occurrence, at least in lunacy practice.

CASE I.—*Initial Excitement—Injury to Head—Orbital Cellulitis—Melancholia.*

J. M., a clerk, aged 30, single. Admitted into Bethlem Hospital June 19, 1885. No insane inheritance. Father died of some lung disease. One previous attack of insanity six years ago, for which he was confined in Haywards Heath Asylum. Present attack began four days ago; became noisy and violent, attempting to injure himself; was taken to Guy's Hospital, as he was considered by a doctor to be suffering from meningitis. When in the hospital he was constantly shouting, quacking like a duck, and running about the ward in his night-shirt. He was violent to nurses and other patients, and butted at a window with his head, cutting his forehead. Directly after this he was removed to Bethlem Hospital, and on admission was pale, apathetic and dull, and would not answer questions. He was put to bed at once. His tongue was dry and furred; there was no bleeding from nose or ears, but there were some small superficial cuts on the left side of the forehead, slight bruising of the left cheek, and swelling of the left ear, and some small, sharp-margined hemorrhages in the left conjunctiva. The next day he was still dull and apathetic; the left conjunctiva was congested, and there was some chemosis and swelling of lids and thin blood-stained discharge. The left pupil was larger than right, but acted to light. On June 21 the eyeball was prominent, and there was more chemosis. The cornea remained clear.

June 22.—Mentally dull and apathetic; occasionally complains of

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his eye; no headache, vomiting or convulsion. Temp. 98; ophthalmoscopically nothing abnormal discovered.

June 25.—Slight swelling of left optic disc; eyeball more prominent; hardness and deep fluctuation below eye in lower inner angle of orbit. Temp. 98°; makes no complaint, and is still apathetic.

June 26.—Under chloroform an incision was made by Mr. J. B. Lawford, of St. Thomas's Hospital, along the lower margin of the orbit, and a considerable quantity of pus evacuated. Still drowsy, but not so much as on admission.

July 1.—Mentally seems much brighter; will converse; says he feels very much better. Takes food well, sleeps well. Does not appear to have any delusions.

July 8.—Eye doing well; ophthalmoscopically normal.

July 18.—Wound almost healed, only a small sinus remaining. For the last 10 days has been fairly cheerful, but last night was somewhat excited.

Aug. 1.—Has now passed into a condition of profound depression; sits alone, will not answer questions, refuses food; hands blue and cold, pulse feeble. Wound healed, except for a very slight superficial discharge.

In this case the patient on admission was suffering from the effects of injury to his head, the symptoms of concussion replacing quickly the excitement he had at first displayed. With the full development of orbital cellulitis, his mental condition improved to a very considerable extent, but only to pass into profound depression concurrently with the healing of the abscess.

CASE II.—*Melancholia—Punctured Wound of Larynx—Abscess of Larynx* (?).

C. B., æt. 57. Admitted into Bethlem Hospital July 18, 1885; no insane inheritance. For a month before admission, after some business trouble, he had been depressed, restless, unable to sleep, thought he was "damned," and became suspicious that he was followed. Five days before admission he stabbed his throat with the point of a knife.

On admission there was a recently-healed incision, about 1½ inch long, over the lower border of the thyroid cartilage. The scar was not adherent to the subjacent structures. There was no dyspnœa or dysphagia, but the voice was reduced to a mere whisper. On laryngoscopic examination, there was seen to be general congestion of the lining membrane of the larynx, the left vocal cord being hidden (except at its extreme posterior end) by a prominent swelling projecting from under the epiglottis. The swelling was round in shape, bright-red in most of its extent, but yellow on the upper surface, and rendered the left vocal cord immovable. From the wife it was learned

that there was no alteration in his voice immediately after the stab, but that on the day of admission his voice became at first hoarse and then a whisper.

Mentally he was only slightly depressed, acknowledged that he had had some foolish ideas, but said that he had now got rid of them all, and felt fairly well.

July 27.—Both vocal cords seen, and both move freely. Inflammatory swelling reduced to a slight prominence; still with a white upper surface. Has not coughed up any pus. Voice almost natural. More cheerful.

Aug. 4.—Voice natural; has now relapsed into profound depression. Thinks he is lost; cries occasionally, and is always reading the Bible or hymns. Will not allow laryngoscopic examination.

It was not thought advisable to pass a laryngeal lancet down the throat, as the patient was suicidal; and as there was no dyspnœa, the case was simply watched. This line of treatment was justified by the steady diminution of the inflammatory swelling. No pus was ever seen to be welling out of the swelling, but there was always a yellowish-white spot at the most prominent part, as if pus were there.

III.—*Case of Hysteria in a Boy.*

Dr. Savage, in the last number of the "Journal of Mental Science," recorded a case of marked hysteria in a boy who was a patient in Bethlem Hospital. The following case appears to come under the same head.

A. W., æt. 12, a boy at King Edward's School, Witley, recently admitted to the school, was first seen by me on July 6. The history was that the day before, when in the playground, he had apparently fainted, and had bad frontal headache. He was put to bed, and then could neither swallow nor speak. When I saw him he was in bed, looked somewhat anæmic, protruded his tongue when asked, but when questioned as to his illness, he seemed unable to speak, though he opened his mouth, and put his hand to his forehead. He was able to swallow liquid. His heart and lungs were normal, and temperature 98° F. The left pupil seemed slightly larger than the right. There was no vomiting or convulsion, and no evidence of any ear disease. As the diagnosis lay between malingering, hysteria, or grave cerebral disease, he was watched for a few days, and kept on milk diet. It was found that his power of swallowing gradually returned, and he occasionally asked for food when very hungry. He still pointed to his head when asked what was the matter. He was then allowed to go in the playground, and against malingering it was noticed that when with other boys he still seemed unable to speak, and they made fun of him in consequence.

Finally his speech came back completely, according to his own account, after coughing and spitting up some blood. The infirmary attendant, however, knew nothing of this. He is now quite well.

He states that four years ago he had a similar attack, with inability to speak or swallow, and says the difficulty in swallowing was caused by something rising in his throat.

Two Cases of Thrombosis of Cerebral Sinuses. By Joseph Wiglesworth, M.D. Lond., Assistant Medical Officer, Rainhill Asylum.

Case I.—Susan D., æt. 33, single, was admitted into Rainhill Asylum on Dec. 13th, 1884.

History.—The family history did not disclose any hereditary taint, except that an aunt had suffered from epilepsy. Patient had managed a public-house, but was said always to have been steady and temperate. Her illness commenced a fortnight before admission, and was considered to have been due to mental distress, occasioned by the fact that she had got wrong in her accounts, in explanation of which circumstance she stated that goods had been stolen from her. She became very quiet and dull, sitting still without speaking, and nothing could be got out of her in reply to questions; occasionally however, she would jump up suddenly and scream a little.

State on Admission.—On admission she was noted to be a short, poorly-nourished woman, looking older than her stated age. Her viscera appeared sound. She was very restless and excited on the night of admission, and had to be put to sleep in a side-room, but she was out of bed all night, and in the morning was quite naked, and her room was very dirty. On this morning (14th) she could not be got to answer any questions, but preserved an obstinate silence; she resisted strongly all attempts to examine her, burying her head in the pillow, and keeping her arms very rigid. She was, however, more sensible than appeared at first sight, and after a time became a little more communicative, answering a few questions, but in an irrational manner. She was out of bed and very noisy all the following night, and very restless all the next day, wandering about aimlessly. She at times muttered a few words, but nothing that she said could be made out. On the morning of the 17th she was reported to have slept somewhat better during the two previous nights; she continued restless, however, during the daytime, lying or rolling on the floor; she resisted being dressed and undressed, and had to be fed with her food. Though keeping silence, she appeared to understand something of what was said to her, for being asked how she was, said "better," but this was about all that could be got out of her. She gradually became more dull, and on the 20th could not be got to answer a single question; she sat in a chair with her head thrown back, and kept food for a