

arachnoid and intraventricular fluid. To the naked eye the spinal cord showed little noteworthy. The heart was large, with some changes in the large vessels. Microscopically the spinal cord showed marked excess of connective tissue in the lateral columns and in the columns of Turck.

CASE V.—Edith E. C., a printer's wife, aged 35, without children, was admitted March 2nd, 1883. She had had no marked or serious illness save acute rheumatism as a child. She was not known to have any insane relations. This was her first attack of insanity. The first symptoms, five months before admission, began as suspicion of and dislike to her husband, she made accusations against him. She left her home at night in her bed-gown. There was great incoherence in speech and excitability. She talked about great riches and fancied poison had been given to her. On admission she was in rather weak general health. There was great hesitation in her speech. Her appetite was good; sleep bad. The pupils were minutely contracted, equal, reacting to light feebly. Taste was perverted. The tongue was tremulous. Her walk was unsteady. The reflexes were much exaggerated, ankle-clonus was present. Her handwriting was very shaky. She rapidly became weaker in mind and body, the tremulousness being very great. On May 6th she had a fit which was general, but more on the right side; it was not severe. She swallowed with difficulty. She sank and died on May 13th, 1883. At the post-mortem examination there was great wasting of the ascending frontal convolution on the right side. The membranes were adherent over the right first frontal. There was great dilation of the right lateral ventricle. The brain weighed 43 ounces. The spinal cord was small. There was nothing special in the other viscera, save atheroma of the arteries.

---

*A Case of Circular Insanity (Folie Circulaire).* By W. HERBERT PACKER, M.D., L.R.C.P., Senior Assistant Medical Officer, Salop County Asylum.

In the following case the lights and shades are so clearly defined, that it seems worthy of record. The history in detail of the last six months only is given; her state during the early part of her residence was briefly as follows:—

E.P., aged 61, was admitted into the Salop and Montgomery Counties Asylum on March 22nd, 1880, from the County Gaol, where she had served two out of the three months to which she had been sentenced for stealing a drake. There were at least two previous convictions against her, one for violence and one for receiving.

In the state on admission she was noted to be thin, but wiry; medium height; pale complexion; slight *paralysis*

*agitans* of head. She had an aortic obstructive murmur, but no marked disturbance of the circulatory system due to it was observed. Mentally, she was noisy and abusive, and threatening everyone; the warders from the gaol especially came in for their share, as she accused them, among other things, of beating and bewitching her. In this state, combined with extreme restlessness, she continued until April 5th, when she became silent and melancholic.

Since then she has alternated between extreme restlessness and excitement combined with great destructive powers, on the one hand, and profound melancholia on the other. In the latter state she can be persuaded to dress and feed herself, but pays no attention to anything going on around her, and only whispers when addressed. Her countenance is pale and expressionless, and she appears physically ill. If permitted she would stay in bed all day, and when got up and dressed lies on a couch for hours without moving. When she awakes, as it were, from this lethargy, she remembers all that has been said or done in her presence whilst it lasted. The duration of each condition has been longer of late; soon after admission each lasted from two to three weeks, whereas now it is about six weeks before a change occurs. The interval of something approaching rational conduct is present, but of short duration; the patient passing in the course of one to four days from melancholia to mania, and *vice versa*. That she was a criminal lunatic is also an interesting point in this case, as it agrees with the statement put forward by several authors that circular mania in its phase of excitement and exaltation often simulates moral insanity, and is confounded with it.

The following rough notes are a fair description of her condition at the various dates on which they were made:—

March 22, 1883.—After a very noisy time is this morning lying on a sofa, never speaking or moving, and neatly dressed. When spoken to apparently understands, but for a reply only nods. Trembling of head well marked. Takes food readily, but appears feeble and ill.

April 20.—To-day eyes have a more intelligent look, and patient appears to notice what is going on in the ward. Is not speaking or moving about, but keeps to couch.

April 23.—Answers when addressed. Wished medical officer "good morning." These are the first words he has heard her speak for several weeks.

April 24.—Wide awake. Eyes bright, and face all life and action.

Looks generally in much better bodily health. Laughing, threatening, and scolding. Using bad language freely. Dressed tidily, and fairly obedient. Not destructive or violent.

April 25.—Destroyed bed-clothes during the night, and is dressed in rags this morning. Never seems to rest; abusive, threatening, and language most obscene.

May 27.—Somewhat quieter to-day.

May 31.—Now silent and melancholic. Lying still when permitted, but dresses, undresses, or goes to dining-table when told.

June 27.—Yesterday spontaneously got up and walked the length of the ward twice, but would not answer when spoken to, and only shook her head when asked if happy and comfortable. To-day silent and motionless as before.

July 15.—After a stage of incubation of two or three days has to-day become excited, noisy, and restless. Interferes with everyone and everything. All about her are thieves and liars, and also closely related to herself by blood or marriage. Very destructive, and never satisfied till wrapped in rags, with strips wound round her feet instead of shoes. Is very erotic, and invites every man who approaches her.

Sept. 5.—Silent and still; only moves lips slightly when questioned. Became quieter and fairly tractable yesterday.

Oct. 14.—Reading a book to-day.

Oct. 16.—Restless, talkative, and interfering. Not yet reached the abusive and destructive stage.

---

*Case of Dementia with Aphasia: Atrophy (with Sclerosis?) of Left Cerebral Hemisphere.* By ARTHUR RANNIE, M.B., Pathologist, West Riding Asylum, Wakefield. (With Plate).

Robert S., æt. 51, married, labourer, was admitted into the West Riding Asylum on the 30th March, 1883.

His insanity commenced two years before admission with a fit, with which he was seized one evening while he was sitting by the fire. His wife's statement respecting the fit was that "he appeared to drop to sleep with his eyes open, and could not speak for a few minutes; he then came to himself, and said he felt very 'queer;' at the same time his *right* arm and *left* (?) leg were paralysed. His speech was not affected at this time, but he was quite unable to read after the fit." His power of speech remained unaffected for several months, and then gradually began to fail. Loss of memory soon manifested itself, and in about six months he was quite incapacitated for work. He grew steadily worse, and became excitable and violent at times.

He had been a hard drinker for over twenty years, but had never suffered from *delirium tremens*. He had sustained several injuries to his head through his love of fighting; had never suffered from