

the corpora quadrigemina, and those of the middle peduncles decussate in the pons varolii, while the fibres of the pyramids of the medulla have their well-known crossed direction, there is atrophy of the cerebellum and the spinal cord on the opposite side.

The course of events seems to be this: First, there is, as the result of chronic inflammation of the meninges, or of the cortical substance, wasting of one side of the brain. To compensate for this the skull becomes thickened, and serum is poured out beneath the arachnoid and into the ventricles. Then, since those parts of the brain which are connected with motion are wasted, the limbs whose action is governed by them are imperfectly nourished, and become atrophied.

Time will not allow me to enter more fully into the subject, or to describe other diseases of the brain which are met with in imbeciles, but I trust the remarks I have made will have been interesting to this branch of the Association.

Note on Shrinkage of a Hemisphere and subsequent Pachymeningitis. By J. W. PLAXTON, M.R.C.S., Medical Superintendent of the Jamaica Lunatic Asylum.*

My case is briefly this:—A man, aged 27, an African negro from the Congo, was admitted into the Jamaica Lunatic Asylum, May 8, 1874. His was a case of chronic mania with delusions of grandeur. Much or little demented I cannot say. His English was always limited, but I never knew him until a year before his death; then, confined to bed, he made his wants known well enough; was bright-faced and cleanly. This, as will be seen, was long after the gross brain lesion which brings him within my communication.

In October, 1886, twelve years after his admission, he began to show signs of coarse cortical lesion of the right hemisphere, such as unilateral failure of muscular power, and convulsive movements of the affected side. The failure increased gradually, though the convulsions ceased after a time, and were not renewed. Three months after the onset contraction of the muscles of the extremities of the left side was well established. The contraction increased to the full extent, and was permanent. There never was at any time,

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so far as I can learn, any loss of consciousness. I can give no better history than this. He grew thin towards the end. He sank suddenly, and died May 17, 1888, at 4.30 a.m., one year and seven months from the insetting of the coarse brain-symptoms.

The post-mortem examination was made the day of his death, and seven and a half hours after he died.

The brain and cord alone were examined.

Skull cap natural except in the bregmatic region on the right side; here the inner table, instead of being smooth and dense, was coarsely porous and thickened.

The dura mater stripped very easily. The whole dura mater of the right side above the tentorium cerebelli was lined with thick, mostly gelatinous new formation, as usual thickest over the vault of the hemisphere. It would average one-fourth of an inch in thickness, in some places much more. The false membrane itself enclosed a large quantity of bloody serum, and between the false membrane and the visceral layer of the arachnoid was a large quantity of reddish serous fluid.

The right hemisphere was, by guess, not more than one half the bulk of the left, and was enclosed within its proper membranes, which were thick, tough, and opaque, especially over the frontal and parietal lobes. Beneath the membranes certain convolutions were yellow and shrunken, hard, and "shotty" to the feel. These convolutions were the second and third frontal, the two ascending gyri, and the whole of the parietal lobe; in fact, the whole of the nutrition area of the right middle cerebral artery. The right crus, right-half of the pons, and the right-half of the medulla oblongata were all smaller than the corresponding parts of the other side.

The arteries of the base of the brain were atheromatous, and the right middle cerebral artery with its branches was smaller than the left. The point of plugging was not observed.

The left hemisphere was remarkable in its contrast to the right, its membranes were thin, even if thicker than in a normal brain, as, indeed, they were. Its convolutions were fairly plump, the wasting certainly not great.

There was no trace of disease of the dura mater, no trace of pachymeningitis.

Such is my case. There can, I think, be no reasonable doubt that it is a case of shrinkage of hemisphere with subsequent (and consequent) pachymeningitis. My attention has been

drawn, since drawing up this case, to Huguenin's account in Ziemssen "of inflammation of the dura mater" (Vol. xii., p. 306). The author covers the whole ground. It is useless slaying the slain. The case remains interesting, I think, supporting, as it does, Huguenin's contention against the hitherto received explanation of pachymeningitic processes. The subsequent article by Dr. Wigglesworth in the "Journal of Mental Science," January, 1888, has advocated the same view. I think that this case will be accepted as a not unimportant piece of evidence to the truth of the contention that pachymeningitic membranes are, to borrow a phrase, "substitution products."

Case of Difficulty of Speech. By HARRINGTON SAINSBURY, M.D.

The following case may be of interest to the readers of the "Journal of Mental Science":—Mabel Tebbutt, aged 5½ years, was brought to the Royal Free Hospital for a difficulty of speech, which practically rendered her quite unintelligible to strangers. It will be easiest to set forth the nature of this difficulty by running through the alphabet, and putting against each letter the equivalent of her pronunciation. Each letter was first said to the child and then she repeated the sound as nearly as she could.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
sa	p	see	t	c	sa	see	sa	sow	sa	ta	sow	sa	sa	sow	p	two
R	S	T	U	V	W	X	Y	Z								
sa	sa	t	soo	fee	tow-soo	sa	wow	sa								

In these equivalents the "a" is to be pronounced as in ma, the "ow" as in sow, the animal. It will be observed that of the whole alphabet the only letters she could give quite correctly were C, P, T; that B and D were respectively rendered P and T, and that the letter V underwent a corresponding change, and was rendered "fee." For the remaining letters there was apparently no relation between the normal and abnormal sounds—the pronunciation of Q being perhaps an exception. It is remarkable that the S sound is so frequently repeated.

The numerals were given as follows:—

one	two	three	four	five	six	seven	eight	nine	ten
see	two	fee	for	fow	see	saë	sa	now	ta