

From the history we must exclude gumma, and though a localised meningitis might be seriously considered, the want of a syphilitic history is, I think, against it. If neoplasm the nature of the growth is difficult to determine.

There is another point in the progress of the case that leads to difficulty, inasmuch as the patient has steadily improved and was improving before the exhibition of mercury and iodide—therefore I cannot think the improvement can be ascribed to the drug.

In conclusion, I may venture to offer an opinion, hypothetical certainly, but still within the range of possibility. We know that gliomata are a fairly common variety of brain tumour, and that this variety of growth is liable to hæmorrhage into or around its substance. I think it probable that the case has been one of longer duration than is at first apparent, and that the sudden exacerbation of the symptoms might have been due to hæmorrhage into the tumour, and with partial absorption of the blood the severe symptoms have abated.

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*Hysterical Hemiplegia and Aphonia with Mental Symptoms.*

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S. U., married, aged 42, has led a hard life, was a heavy drinker and a noted boxer. He had always been healthy.

In November, 1895, he had a fit during which he was unconscious and jerked his arms and legs. On recovering consciousness he was found to have lost all power of speech although he was able and ready to make himself understood by signs. His right arm and leg had also become much weakened. For some days after this he had a series of convulsive attacks. These passed off, but left his arm and leg quite paralysed.

He was confined in bed from this time till June, 1896, when he gradually began to recover the use of his arm and leg; his voice, however, being still totally lost.

In October, 1896, he became an in-patient in a hospital, where intralaryngeal faradisation was performed on him. The result of this was complete and immediate recovery of his voice, followed by an attack of acute mania, during which he tried to jump through a window and struggled violently with those who tried to prevent him.

He was removed to this asylum the following day. On admission he was violent and maniacal. Next day he was quiet and sensible.

Range of vision of right eye was slightly decreased. Deaf in right ear. His right arm was wasted and slightly rigid and he

had a contracture into the palm of the 3rd and 4th fingers of the right hand. His right leg was wasted and rigid and he complained of great pain on attempts being made to flex it. Patellar reflex is equal on both sides, but exaggerated.

He improved mentally rapidly and was discharged on November 18th, 1896. His arm and leg had improved greatly. He could use his hand and was able to walk without help, although both limbs were still very weak.

The case seems peculiar from the fact that the hysteria occurred in a man of 45, who had always led an active life and was to all appearances of anything but a hysterical temperament.

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#### OCCASIONAL NOTES OF THE QUARTER.

##### *The Diamond Jubilee.*

The notable event of the year, which is now holding the attention of loyal subjects of Her Gracious Majesty, even in the uttermost ends of the earth, marks for us, too, a Diamond Jubilee. Sixty years ago, in March, 1837, Mr. Gardiner Hill recorded the use of mechanical restraint for the last time in the Lincoln Asylum; and what had been thus successfully inaugurated by Dr. Charlesworth and Mr. Hill was completed and established by Dr. Conolly, who was appointed physician at Hanwell in 1839. The Victorian epoch will ever be held memorable as a period of expansion. The forces liberated at the close of the eighteenth century, marked in psychiatric medicine by the names of Tuke and Pinel, gathered in strength of purpose in philanthropic and scientific endeavour. The Queen and the Royal Family have lent all the weight of their influence to further well-considered measures for the amelioration of the people. To this last it is the afflicted and the suffering who gain the sympathy of Her Majesty; and the tribute of the people is rendered not unto Cæsar, but to the poor who are Cæsar's care.

We need not recapitulate the history of our department on this occasion. In spite of unworthy detraction, and ill-informed criticism, the work of the past sixty years stands a monumental record of patient toil and splendid achievement. We may freely admit that much has yet to be done, and even doubt the possibility of the perfection of the species. But