belief; there is no evidence of hallucination of any special sense, though possibly there may exist some of a psycho-visual character, when the obsessive panophobia is at its maximum, and excessive emotivity causes acute confusion. It cannot be determined that she has any visual illusions; she sees all objects in their true conformation, and in proper relation to their surroundings.

Just one word as to prognosis and treatment. It cannot be expected reasonably that a condition which is the matured result of a life habit can be overthrown at once, and hence we find that the authorities generally incline to a pessimistic view. There are recorded experiences, however, which point in the reverse direction and stimulate hope. The case now under care shows a tendency to the latter class. This brings us to the treatment which, besides general tonic measures to improve health (and more particularly the nervous system), embraces in asylum life a comparatively limited environment where the exciting causes of anxiety are reduced to a minimum, and are of such a fixed character that time is afforded for the removal of the doubts indirectly inspired by them. The patient's field of psychical vision is, as it were, restricted to a landscape with some certain figures, whereas in the outer world the patient was forced to gaze at an ever-moving panorama where crowds made their entrances and exits in quick succession, creating confusion and doubt by their rapid passage. Possibly it is not in such rare cases as this alone that the monotony of asylum life becomes a restful curative measure. There is at all events a minimum of the irritation calculated to excite "cerebral pruritus" in such cases as this now recorded.

A Case of Sclerosis of the Cerebellum.

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A MALE imbecile was admitted to Leavesden Asylum in June, 1883. He was then æt. 16, and appeared undersized. He had very little memory or reasoning power, but was clean in habits, and worked outdoors. His mental state remained the same until his death in June, 1904. His speech was stammering, thick, and unintelligible on admission, and remained so. He was not epileptic. He died of phthisis. There is no record of any peculiarity of gait, nor was any such observed by those in charge of him.

At the autopsy the following facts were noted: The skull-cap and dura were normal, as was the pia, except over the cerebellum. The cerebrum was symmetrical, the convolutions of the usual type; with cerebellum it weighed 46 oz. The cerebellum was small and very firm; it weighed $2\frac{3}{4}$ oz. Naked-eye examination revealed the vallecula to be much more prominent than usual. The amygdalæ were simply small projections, slightly raised from the adjoining bi-ventral lobes. The inferior vermiform process was completely exposed in all its length without lifting the medulla. On raising the latter all the fourth ventricle was very easily seen. On either side was a marked loss of tissue in the bi-ventral lobes. Instead of the usual rounded appearance of the inferior aspect there was a sharp ridge running round outwards and forwards from the notch, so that each lobe became a wedge with apex downwards.

On section each lamina was seen to consist almost entirely of sclerosed tissue, the outer and granular layers being much reduced in thickness, the outer layer being about a fourth, the granular layer a third, of the normal thickness. The cells in the granular layer were not nearly so crowded as in the normal cerebellum. The proportion of rounded cells to granular cells was considerably diminished. Purkinje's cells were absent, no cells in any way resembling them being seen. The sclerosed tissue in the interior of the lamina was much wider than the white matter normally is, thereby causing the width of the lamina, as a whole, to be not much less than the normal. At places the tissue was very dense, at others fairly loose. It consisted of glia cells and nuclei, and a network of fibrils. Numerous blood-vessels were seen. The cells of the dentate nucleus were much atrophied. There was great thickening of the pia, causing the laminæ to adhere together in many instances. This meningitis was evidently the primary cause of the sclerosis. Microscopically no lesions were found in the cerebral hemispheres or in the cord, but in the medulla the cells of the olive were diminished in number and size.

The case is of interest as showing the possibility of gross cerebellar disease existing for many years with no special symptoms pointing to the involvement of that organ. The literature on cerebellar lesions is fairly extensive, but principally refers to cases of tumour, or of experimental lesion in animals. It is obvious that little can be gained by comparing the above case to these. During the years the lesion has existed there has been ample time for other portions of the central nervous system to assume the functions of the diseased part. Further, the nature of the lesion precludes the possibility of the production of any irritation symptoms, as in tumour.

Several cases of cerebellar sclerosis or atrophy have been described, associated with lesions of the opposite half of the cerebrum.

Thus, Major (1) recorded a case of left cerebral sclerosis asso-

ciated with atrophy of the right lobe of the cerebellum. Dudley (2) reported a case of an old hæmorrhagic cavity with dense sclerous walls, implicating the corpus dentatum, accompanied by degeneration of the opposite olive. Grills (3) recently described a case of cerebral hemiatrophy with atrophy of the right side of the cerebellum. The left olivary body and anterior pyramid were about one-third that of the right. The cord was normal. The case most similar to the above, however, that the writer has had access to, is that reported by Bond (4). The condition was one of atrophy and sclerosis of the cerebellum. The naked-eye appearance, weight, and consistence were similar. The case was of long duration, the mental state also imbecility without epilepsy, and there was speech defect. The cells of the medulla, especially the olive, were small, degenerate, and of indistinct outline. It differed inasmuch as that the patient became ataxic, the meningitis was only slight, and there was some sclerosis of the pons.

The slight nature of the pathological changes in other parts of the central nervous system is noteworthy.

It would appear that compensation of function is comparatively easily obtained in cerebellar lesions, and that localising symptoms need only be expected if the lesion be recent or cause pressure effects.

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MICRO-PHOTOGRAPH.

Micro-photograph of section stained with hæmatoxylin. Note the meningitis and adhesion of the laminæ, the small number of cells in the outer and granular layers, the absence of Purkinje's cells, and the large amount of sclerosis.

Notes on a Case where a large number of Foreign Bodies were removed from the Vagina of a Chronic Insane Indian patient.

By A. D. PRINGLE, M.B., Senior Assistant Medical Officer of the Natal Government Asylum, Maritzburg.

PATIENT P—, Indian female, æt. about 46, admitted April 5th, 1899, stated to have been insane eighteen months previous to her admission.

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