

CASE III.—*Secondary Cancer, chiefly Affecting the Dura Mater, having originated in the Breast.*

J. M. Admitted 24th August, 1878. æt. 56. Had cancer of right mamma for two years. Had been weak minded for forty years. But for two or three months before admission her mental symptoms had been much aggravated. She had evidently suffered from an acute attack of insanity, engrafted on chronic dementia. She got depressed at first, and suspicious, imagining that there were persons in the next house conspiring against her, and began to talk incoherently. She had the delusion that there were resurrectionists in the neighbourhood. Her delusions were melancholic and of suspicion. She was very obstinate, refusing to undress and go to bed; and she kept a hatchet beside her for her protection at night. As regarded the bodily symptoms of the disease, she slept well, took her food well, and, what was a very extraordinary thing, she seemed to have but little pain in the head, even with such cancerous deposits as were found after death in the membranes, where disease of any kind is generally accompanied by intense pain. She suffered from "rheumatic" pains, which were probably neurotic, and caused by the disease in the head. On admission she was extremely weak, had hallucinations of sight, was suspicious of those around her, fidgetty and talkative. She had the hallucinations that she saw a bright light, and that there was a man's face in the wall. Those might be due to affection of the centre of vision in the convolutions. Certainly the position of the cancerous layer turned out to be over the point where Ferrier has placed those centres. She had been twice in an asylum previously.

At the autopsy the skull cap was found very much affected with general roughening and diffused irregular erosions of the inner table, and with an adherence to the dura mater so firm that by no possibility could it be taken off. Lying inside the dura mata there were layers of cancerous (sarcomatous) deposits, chiefly confined to the left side, about half an inch thick. There was an ulcerated cancerous mass in the mammary and axillary glands.

Fatty Embolism of the Vessels of the Lungs in an Epileptic who had died Comatose, after a Succession of Fits. By
Dr. CLOUSTON.

(Read, and the Microscopical Specimens shown, at the Glasgow Quarterly Meeting, March 26th, 1879.)

G. H., æt. 40. Had taken epileptic fits for 10 years, but had worked as an engraver till his admission into the asylum on the 7th Oct., 1877. The epilepsy was caused by a fall on the head. He has been threatened with chest disease on several occasions. On several occasions after taking fits, he had been morbidly irritable, and

threatened violence, and been in a state of morbid religious emotionalism, believing he had a commission from God. For the past few days he has laboured under most characteristic epileptic insanity. He was delirious, impulsive, shouting, and totally unconscious. His delusions were of a religious nature, and he also had hallucinations of sight of the same character. While in the asylum he took fits, on an average, once a week. At times he was perfectly sane, and did some engraving work, and it was he who executed the little picture of "Craig house," which was attached to the report of the Royal Asylum, Morningside, Oct., 1877. For the last twelve months he was unable to follow his occupation in this way. About two months before his death he had a series of fits—several every hour for two days running, and was quite comatose. The second day he was very much exhausted, and seemed likely to die. The coma lasted an unusual time, even after such a series of fits, and as he recovered he was extremely weak, and his feet cedematous. The urine was examined, but we found no albumen to speak of, while its quantity and specific gravity was normal. Sugar was not specially looked for. Its quantity was normal. About four days before his death he had a maniacal paroxysm; then fits came on one after another accompanied by complete coma, after the first few hours. Between the general convulsions he had local convulsions, affecting his face and arms, and shortly before his death there were constant rythmical movements of the mouth and throat, similar to when one smacks one's lips when anything tastes very good. He died comatose on the 12th March, 1879.

The autopsy showed the brain was intensely congested—one of the most intensely congested brains I ever saw—especially in the region of the pons and 4th ventricle. There were in some of the veins of pia mater fibrous organised white bodies, in addition to the ordinary white clot, of a much more firm organisation and different microscopic structure than the white clot, so that they could be separated quite well from it.* There was extensive fatty degeneration of the liver and of the muscular fibres of the heart, and fatty degeneration of the kidneys. The bones were brittle, one of the ribs could easily be cut through. The cancellated tissue of ribs was very open, and filled with a grumous fluid. I sent the brain and organs to Dr. Hamilton, of the pathological department of Edinburgh University, and he found that many of the capillaries of the lungs were plugged with fatty embolism while in the pia mater many of the small vessels were filled with a substance which, like fat, was blackened by the action of perosmic acid. This, I believe, is a condition which has never been described in the human subject in epilepsy, or any kind of insanity. This subject of fatty embolism is attracting a good deal of attention just now, and the conditions in which it has been found hitherto have been after simple fractures of bones, and after death from diabetic coma. It presents a new field of enquiry in regard to some of our asylum patients who die comatose.

* See Vol. xx., p. 595, No. for Jan., 1875.