

excess of fluid, and the anterior lobes were mutually adherent along the first third of the longitudinal fissure.

There were gangrenous patches on several toes.
Other organs healthy.

So in this case the patient died of acute mania following an injury, and I believe due to it; and the only post-mortem sign was cohesion of the frontal lobes. If the case was due to a variety of cerebritis, it is of great interest, and must be added as one more case in which we see the mortal nature of a comparatively slight but sudden change in the brain in a healthy man.

Symmetrical Tumours at Base of Brain. By Dr. STRAHAN,
Assistant Medical Officer, Northampton Asylum, Berry-
wood. (*With Illustration.*)*

T. P., an unmarried man, 28 years of age, was admitted a patient of this asylum in October, 1880, suffering from a first attack of insanity.

On admission he was said to be suicidal, dangerous, and frequently violent. The history received was: "He had served as a soldier several years in India: was of intemperate habits: had attempted suicide by strangulation: had refused food and had been frequently dirty. He had been noticed 'strange' for about a month past."

The medical certificate on which he was admitted was as follows:—
"He is incoherent—much excited in his appearance and behaviour—has a delusion that someone put a knife in his way that he might injure himself; also that Jesus Christ was sent on earth to destroy him."

After the medical examination on admission the following note was made:—

"The attack appears to have come on slowly, and delusions been gradually developed. He has a vacant expression, and his manner is lost and confused. Continually asking questions, but does not in the least understand what is said to him in reply. There is almost incessant incoherent muttering, and he seems to be talking to imaginary beings and looking for someone about the room."

The paralysis must have been very slight, if at all perceptible at this time, as there is no mention of such symptoms.

On the day following admission this note is made:—

"He runs against tables, &c., and evidently cannot see much."

The history of his case as recorded, gives little to note, except that he gradually became completely blind, and that a year after his eyes were examined by a specialist, who made the following note in the Case Book:—"Has atrophy of both optic nerves."

* General asymmetry of brain is merely due to pressure, &c., *post mortem*.

Shortly after this time he came under my notice, when I found him totally blind, very restless, frequently noisy, having many delusions, and walking with a slightly rolling gait, the legs being separated to some extent. At this time, and, in fact, up till three days before his death, he could find his way about the ward so carefully that he seldom or never stumbled, and always found his way back to his own particular seat. He fed himself at meals, and attended to the calls of nature. The only paralyses were blindness, deafness, the rolling gait, and a slight want of co-ordination in the movements of the hands. He had always been deaf, requiring to be spoken loudly to, but his hearing gradually got worse, and he became totally deaf some months before his death.

On 27th August, 1882, having been in his usual condition up till that time, he was found by the night attendant in an unconscious state, with froth about the mouth, as though he had had a fit. The pupils were equally dilated, breathing stertorous, face congested; he was unable to swallow. He remained in this state until the evening of the 29th, about sixty hours after the appearance of coma, when the coma deepened and he died.

The patient's mother was averse to any examination of the body, saying, "she knew exactly what was the matter, as two others of her children had died in almost the same way, and that the doctor had told her it was 'pressure on the brain.'" This statement led to inquiry into the family history, when the following was elicited:—

"She had had eight children by deceased's father (her first husband) of which T. P., our patient, was the last surviving, and eldest. The first child, a female, died, aged $4\frac{1}{2}$ months, of consumption. The second, a male, died, aged seven months, of measles. The third and fourth were still-born. The fifth, a female, lived to the age of 20 years. She was deaf, had been treated for St. Vitus's dance at Guy's Hospital. She afterwards became insane, and died in an asylum after nine months' residence; certified cause of death, 'Chronic disease of the brain.' The sixth, a male, had the left eye removed for some affection when 18 years old, after which operation he became deaf. He lived until 29 years of age, when he lost the sight of the other eye, and died some six weeks later, 'after a severe fit.' The seventh, a male, lived to the age of 30 without any marked sign of disease, when he 'dropped down dead.' An inquest was held, and the jury brought in the strange verdict (according to the mother) of death 'from diseased heart and visitation of God.' The eighth child was our patient, T. P., who had been somewhat deaf since he was 10 years old, but not sufficiently dull of hearing to prevent his reception into the army."

On cross-examination, this woman stated that after the birth of her first child her hair came out, that "she had a sore throat and lost her voice some two years later;" while she became permanently deaf of the left ear at some time subsequently, the date of which occurrence she could not fix.

The father of her children, she said, died aged 45, of "asthma and fistula," the doctors telling her that they would not cut the fistula as he would die in any case. She further stated that he, her husband, was "quite insane for two days before his death."

This woman has been married again, and has another large family. Some of these children are over 20 years of age, and they are, she says, "all quite healthy, and have never had any fits nor any sickness of any kind to speak of."

It will, I think, be generally admitted that this history points directly to syphilis in the father. The first child died at 4½ months, of consumption. This was in all probability the marasmus so often seen in syphilitic children. The third and fourth being still-born points strongly in the same direction, while the mother's illness, as given above, can hardly be referred to anything else.

No post-mortem examination was allowed, but the patient's symptoms and his family history being so interesting, I became possessed of the brain on the 31st August, and soon after handed it to Dr. G. H. Savage, who has made the following note:—

On each side of the medulla oblongata, lying against the under surface of the cerebellum, is an irregularly rounded and nodulated growth, firm and hard to the touch, about the size of a large walnut. That on the left side is rather the larger.

Each tumour has caused depression of the under surface of the cerebellum above it, of the posterior border of the pons varolii in front of it, and of the medulla at its inner side. The growths have no attachment to the cerebellum or pons or medulla, and are loosely connected with the membranes about them—lying outside the visceral layer of the arachnoid. Histologically, these growths are of fibro-cellular character.—(See *Lithograph*.)

OCCASIONAL NOTES OF THE QUARTER.

The Beer Dietary in Asylums.

There can be no doubt that there is a growing feeling on the part of the Medical Superintendents of our large asylums to take into consideration the question whether on the whole the discontinuance of beer as a beverage is not a moral as well as a financial advantage, and it is worth recording in this Journal that at the present time, to our knowledge, there are seven and twenty pauper asylums in England in which the Committees, with the approval of the Superintendents, have discontinued the use of beer as an article of ordinary diet. The question, we need hardly say, is a practical one, and has nothing whatever to do with "teetotalism;" the