

*Case Resembling General Paralysis—Meningitis Followed by Effusion of Lymph and Pus into the Arachnoid Sac.* By JOHN MANLEY, M.D., Medical Superintendent of the Hants County Asylum.

Henry Smith, aged 36 years, unmarried, was admitted 16th May, 1883, into the Hants County Asylum.

Very little was known respecting his history, but it was reported that his mother was an old woman of 82 years of age, still enjoying good health, and that there had been 16 in the family, of whom four brothers had been killed in the Crimea, and that he was supposed to be her only remaining child. No family history of either insanity or consumption could be traced. His illness was variously stated to have been from one week to five months' duration, but no distinct account could be obtained, yet it seemed probable he had been becoming gradually ill for some months, though the acute symptoms had not long shown themselves.

The illness was attributed to the fact that his sweetheart had jilted him and married some one else. It had manifested itself at first by his having failed to recognize that property in his neighbourhood did not belong to him, and exercising the right of ownership over it, such as getting up in the night and cutting the hedges, and by silly purposeless actions as planting potato sets, and digging them up and cutting them to pieces within a day or two of placing them in the ground. He had lately been very restless and excitable, requiring the attendance of two men to look after him. He was reported as having always been a steady, well-conducted man.

On admission he was, as regards his mental condition, very incoherent and wandering in his ideas; would not dress himself, passed his evacuations in bed, and had threatened violence to his mother, which was the immediate cause of his removal from home.

With respect to his physical condition. His head was hot, his tongue white, but there is no record whether it was protruded with a succession of efforts, so that it was probably done naturally. His speech very slow and thick, sometimes he did not care to answer questions, and seemed not to comprehend what was said to him. His expression was excited, he was very shaky on his legs. He weighed 11st. 5½lbs.

The rest of the history is soon told. His excitement passed off, he gradually became weaker and weaker, and his speech entirely failed him. In a fortnight he was so feeble that it was necessary to place him in bed where, though water cushions were used from the first, he became sore, and then large black sloughs appeared wherever the parts rested, hanging eventually down from the surrounding tissues. He suffered no pain, and took what was put into his mouth. Finally on July 8th epileptiform convulsions came on and continued until five o'clock in the afternoon, when death occurred.

*Post-mortem examination.* Eighteen hours after death. Body much emaciated, with many large sloughs on the prominences of the bones.

*Head.* The calvarium on section was readily removed from the dura-mater below. The bones of the skull, particularly the right temporal and parietal, were blanched and anæmic. The frontal bone was honeycombed with a creamy looking pus. The membranes of the brain were very pale. The arachnoid had evidently been in a state of acute inflammation, and was covered with a mixture of soft lymph, and purulent matter which had a tendency to make its way towards the cribriform plate of the ethmoid bone, and had burrowed into the frontal bone. This covering over the convolutions resembled both in colour and consistency a thin layer of a plain omelette. When the dura-mater was divided about 3ozs. of fluid mixed with pus escaped. The cerebrum weighed 37ozs., the cerebellum and medulla  $7\frac{1}{2}$  more. The consistence of the brain substance was almost normal, but pale, and there was an absence of blood spots. The cerebrum appeared to be healthy. The lining membrane of the fourth ventricle was quite smooth.

This is the only instance in which I have seen such pathological appearances in any case simulating or actually being one of general paralysis, although Bayle and Esquirol expressed the opinion that this form of mental disease is indicative of inflammation of the meninges. I therefore think it deserving of record.