

and as yet the connections of these have not been traced further centripetally than their first central ganglia. It might be worth while, however, to enquire whether the atrophy could not be traced further than the central nucleus—whether, *e.g.*, it could not be traced along the fibres connecting the nucleus with the convolutions of the brain, *i.e.*, along the “first projection system” of Meynert, and so aid us in settling the much-debated question of the localisation of cerebral functions. Of course, so long as the law remains in its present condition, it would be no easy matter to obtain the requisite authority for conducting experimental investigations in this country; but if the small amount of suffering caused to the animals by an employment of this method could be demonstrated, it might, I think, pave the way to the granting of certificates for at least this, which appears to me to be a not unimportant class of experiments.

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#### CLINICAL NOTES AND CASES.

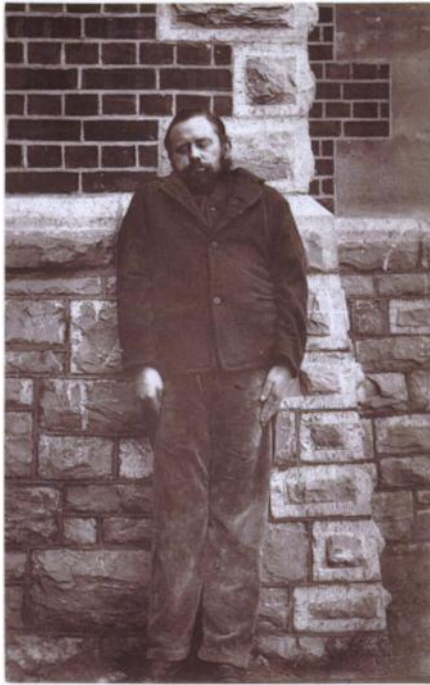
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*Case of Prolonged Maintenance of a Fixed Position (with photograph).* By EDWARD G. GEORGEHAN, M.D., Assist. Med. Officer, Borough Asylum, Portsmouth.

J. G., aged 32, naval pensioner, was transferred from Fisherton House to the Portsmouth Borough Asylum, on October 21, 1879. No heredity. Father living, active and intelligent. No history of phthisis or drink in family. He entered the Royal Navy as a boy, and was always regarded as a steady, intelligent seaman. Eight years ago he was a first-class seaman gunner. At this date some object fell from the rigging upon his occiput, and rendered him unconscious for a short time, but apparently produced no further result. After this he went through a three months' torpedo training on the “Vernon,” and passed the examination at the end of the course with credit. This indicates that most of his intellectual faculties at that time (about five years ago) were quite unimpaired, as the examination is one which very many fail to pass. Shortly after this he was drafted into the coastguard. About six years ago he married, and has two children—both weakly, but apparently of fair intelligence.

About three years ago his wife died after childbirth (the stomach was found post-mortem protruding through the diaphragm and lying under the left clavicle). This event seemed to prey upon patient, and he grew very depressed and vacant. He was treated at first at Haslar Hospital and then at Great Yarmouth Asylum (1878). When his pension ceased he was discharged to the Portsea Island Union. After he had been here a month he assumed the attitude to be presently described, and on April 30, 1879, was admitted to Fisherton House. He is described as having been "silly" in the Workhouse, grinning without cause, never speaking, and standing for long periods in one attitude. A few days before admission to Fisherton he assumed the attitude of a corpse in a coffin.

The position he maintained was as follows: He lay flat on his back, with legs extended and feet together; his arms extended, and closely apposed to sides, and palms pressed upon thighs; his eyes shut; eyelids moved slightly at intervals. When one drew an arm from its position—a matter which required a man's strength—and then let it go, it returned to his thigh quickly as though impelled by a powerful spring. Putting him across the seat of a chair he lay as a rigid body. If force was applied to his occiput he could be raised as a rigid bar of iron, resting his heels upon the ground. If placed on his feet he would fall heavily, unless supported. When his eyelids were retracted he turned the eyeballs upwards, so that his pupils could not be seen. He was fed on sop, forced into his mouth with a spoon, and which he masticated with his tongue. Every third day he was placed in a slanting position over the stool, and had a motion. He never moved a muscle of expression, even though a swarm of flies settled on his face, as happened in August whenever the muslin was withdrawn. His muscles were intensely hard and firm. The electrical reaction normal. The knee and foot phenomena could not be determined with certainty. Under chloroform he only relaxed his position very slightly. The ophthalmoscopic examination during the chloroform narcosis revealed an apparently healthy retina. He was for several days exercised by four attendants, who, under my supervision, flexed his arms and legs, and made him walk up and down the room, but his rigidity was only overcome by superior force, and the moment we desisted he resumed exactly the same position as before. On admission, when asked what day it was, he replied correctly, "Tuesday."



Since then he never spoke till February 4, 1881. He slept in the epileptic dormitory, and was then under constant observation night and day. He never moved, except twice at night, when he was seen to rub his eyes with his hands. He had then maintained this fixed position for one year and nine months.

On the morning of February 4, 1881, he was seen by the attendants, while they were dressing the other patients, to move his head from side to side. They at once "took him on the hop," moved his arms, put him on his legs, and talked to him. To their astonishment he walked about and talked. His motions were at first rather stiff. He could not bend forward but very little, could not pick anything from the ground, or rise from his seat without assistance. He stretched his arms and legs frequently with an air of astonishment. He had not the least idea where he was, and when asked "What is this place?" replied, "Oh! I suppose it's on the map." He then declared he was in Simon's Bay (South Africa), and that I was "a captain of the Marines." He had no idea of the time or season. His motions have gradually become quite easy, and there is only a slight rigidity left, which is due to dementia, as when an example is set him he dances a jig or waltz with ease. He scrubs and dusts under direction. He never makes a remark, and now seldom answers a question except after a pause with "Mister, how are you?" His memory is very defective. But some more remote events he recollects well, as, for instance, the ships he first served on. When he is dusting, and the attendant whistles the "still call," patient instantly ceases work. He has once been seen to make a target of one of the windows and level a sweeping brush at it, as though a cannon, and then go through the pantomime of firing it off. On asking him what his name was, he replied "Landers" (his mother's maiden name). He cannot recollect his father's name, and asks me indignantly if I can remember my father's name, and when his father came to see him, he did not appear to recognise him.

From the fact that he was twice seen to move his arms during the period of his fixed position, it was quite plain that the disease was not due to a spinal affection. Nutrition did not seem at all to suffer, on the contrary he gained flesh very considerably since his admission here. There was nothing whatever in the case of a cataleptic nature. He now (February 14) appears to be a case of simple dementia.