porro nec nisi post horam unam, aut alteram vocis usuram ullam recuperat."*

Having thus briefly alluded to the principal forms in which loss or lesion of the Faculty of Articulate Language is met with in practice, I propose, in the next number, to consider Aphasia in reference to its Cause, Diagnosis, Prognosis, and Treatment.

(*To be continued*).

A Case of Cerebral Meningitis. By G. Mackenzie Bacon, M.D., Medical Superintendent of the Cambridgeshire Lunatic Asylum, Fulbourne.

The subjoined case owes its chief interest to the question of diagnosis involved in its consideration. The outline of the case is as follows:—

William G., æt. 57, single, labourer, admitted into the Cambs. Asylum, Aug. 10, 1868. He was said to have had a previous attack of insanity at the age of 22, but to have kept well till within a few days of his admission, when he became noisy and excited. It was also stated that he had had four epileptic fits, but at long intervals.

When admitted he was in a state of restless delirium, talking incessantly and incoherently, undressing himself, and wandering about the ward. He was a good sized man, apparently aged from hard work, and his back somewhat bent. He was ordered an opiate, and brandy and beef tea, but was fed with the greatest trouble, resisting all efforts in a sort of blind fury, without any particular object.

Aug. 14.—Continues much excited, talking incessantly, rolling on the floor, and in constant motion. He lay in bed last night repeating continually certain words and movements, and rubbing the skin off his back against the bed; he was packed in wet sheets and 40 minims of Battly were given in brandy, after which he went to sleep in ten minutes, and rested several hours.

The next day was in the same state of restless excitement and chattering. Ordered a dose of calomel, and to take half a drachm of tinct. digitalis three times a day. He became more quiet after this treatment and had some glimmering of reason, and also took some food more readily. Subsequently he got weaker, and died on the 21st

* Op. T. Willis, M.D., De Paralysi, De animâ Brutorum, cap. ix, p. 149.

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August. The delirium maintained the same character to the end, though in less force, and he seemed partly to recover his consciousness at times, but his condition never changed essentially.

Post-Mortem.—The thoracic viscera were healthy, and there was nothing amiss in the abdomen beyond adhesions of the liver on its anterior surface. The skull was unusually thick over the frontal region, but there was no sign of injury to the bone in any part. On removing the dura mater, a layer of thick greenish lymph was exposed, covering the left hemisphere only, and extending over the middle fossa of the base of skull to the foramen magnum. The pia mater peeled off easily and the subjacent convolutions were generally shrunken. The meningitis was confined to the parts mentioned, and the cerebral substance appeared healthy to the naked eye.

REMARKS.—As a case of meningitis, the above is not very remarkable, but the fact of the patient being sent to an asylum in consequence of some of the symptoms, leads one to ask (*after* the *post-mortem*) how it ought to be considered as a whole? Was the meningitis the sole and original disease, or was the mania the first, and the inflammation of the membranes a secondary condition? This is not an unimportant question as affecting the social interests of patients, for many people might consider themselves much injured by being treated in an asylum for delirium consequent on a brain disease.

One reads of a German psychologist being sent to an asylum as insane when ill of typhus, and mistakes have been made as regards delirium tremens, but there is some allowance to be made for such errors. Diagnosis is not always as easy as it appears in books, and, in the case I have related, the signs ordinarily relied on as distinctive were not present. An asylum physician, indeed, has, in one sense, the diagnosis ready made, as the fact of a patient being sent to him is presumptive evidence of the existence of mental disease, as distinct from a mere bodily ailment, and he may, therefore, be thrown off his guard; but, supposing every care taken, I think in such a case as this the diagnosis could not easily be made. The patient was admitted in a state of acute excitement, *had been insane earlier in his life*, and was not in a state to give any information as to his bodily condition or sensations. The orthodox headache, vomiting, intolerance of light, &c., were absent, and in default of any clinical history of his few days' illness, it would hardly occur to any one to suspect a severe meningitis. Griesinger, in his "Mental diseases," speaking of diagnosis says, "Acute

meningitis, with strong inflammation at the convexity, is manifested by violent headache, vomiting, ordinary delirious excitement, convulsive appearances, changes in the pupils; it is always accompanied by high fever," &c.; and adds, "Now and then recent and rapidly fatal cases are actually brought to asylums as cases of mania." Griesinger's description in no way suits the case I have given, but his latter remark may apply more closely. For my own part I can only say I treated the case as one of acute mania, without suspecting one-sided meningitis, and have no anxiety to defend or excuse my opinion, but I think the case is very instructive in a clinical point of view, and for that reason worth recording.

On the present State of our Knowledge regarding General Paralysis of the Insane. Part II. By Dr. C. WESTPHAL, Physician to the Lunatic Wards of the Charité, and Lecturer on Medical Psychology in the University of Berlin. Translated from the German by James Rutherford, M.D., F.R.C.P. Edin., Assistant Medical Officer, Borough Lunatic Asylum, Birmingham.

(From Griesinger's Archiv für Psychiatrie, No. I.; concluded from the Journal of Mental Science for July, 1868., *p.* 192.*)*

The theories which have hitherto been advanced regarding the nature of the morbid process in general paralysis of the insane are based essentially on actual or supposed anatomical changes in the brain and its membranes. The spinal cord was, as a rule, very seldom examined. In the many records of *post mortem* examinations which have been published, it is scarcely ever referred to; and only in a few isolated, carefully-observed, and well-described cases (especially by H. Hoffmann), which remain almost unnoticed, has—if we exclude the uncriticisable cases of "softening"—any palpable disease of the spinal cord been established. Thus it came to pass that in the framing of theories regarding the nature of the paralysis, the spinal cord was either entirely ignored, or the purely *cerebral* character of the disease was expressly and emphatically inculcated as distinguishing it from other *spinal* affections.

It must be admitted that the assumption has already been made by Joffe,* that in all cases of general paralysis of long standing, if the spinal cord be minutely investigated, morbid conditions (new formation of connective tissue) of the spinal marrow will be found to exist, but it is not made manifest in how far this general statement is justi-

* Zeitschr. der Gesellsch. der Aerzte 24 Wien. 1860. Nr. 5, p. 74.