more or less rose tinted, and exhibited scattered discrete vascular striations, and here and there patches of very intense hyperæmia. In these pathological findings we have, as M. Luys points out, evidences of chronic hyperæmia, traces of old congestions in the central grey matter of the optic thalami, and third ventricle, and also similar traces of hyperæmia with concomitant degenerations in various portions of the cortex. These two centres of cerebral activity are found associated in their morbid conditions as in their functions. In the physiological condition it is the cells of the nuclei of the optic thalami that transmit to the various cortical regions the impressions that pass by their networks. In pathological conditions the same cellular elements enter into action under the influence of local excitation of persistence of certain vibrations and of special circulatory troubles and transmit to the cortex incitations created in themselves and having no connection whatever with the external world. These fictitious incitations are then dispersed over the receptive tracts of the cortex and produce in the sensorium the special sensorial disorders and appropriate emotional states. If in the present instance the morbid incitation, originating in sudden emotion, transmitted along the sensory tracts in the cord from the cutaneous periphera, and through the medium of the sensory central ganglia to the psycho-motor cortical centres, and there being reflected on the motor tracts downwards, set up immediately the motorial disorder. It is possible that the persistence of this process, and the continual irritation of the sensory ganglia might, in turn, give rise to the morbid visceral sensations in the manner just explained. This is, of course, hypothetical, but their co-existence here may render it of interest to note whether in further cases of paralysis agitans, the tremor is accompanied, after a longer or shorter interval, by morbid visceral sensations, apart even from any direct association with mental derangement.

Punctiform Cerebral Hæmorrhage. By Geo. H. Savage, M.D. (With illustration.)

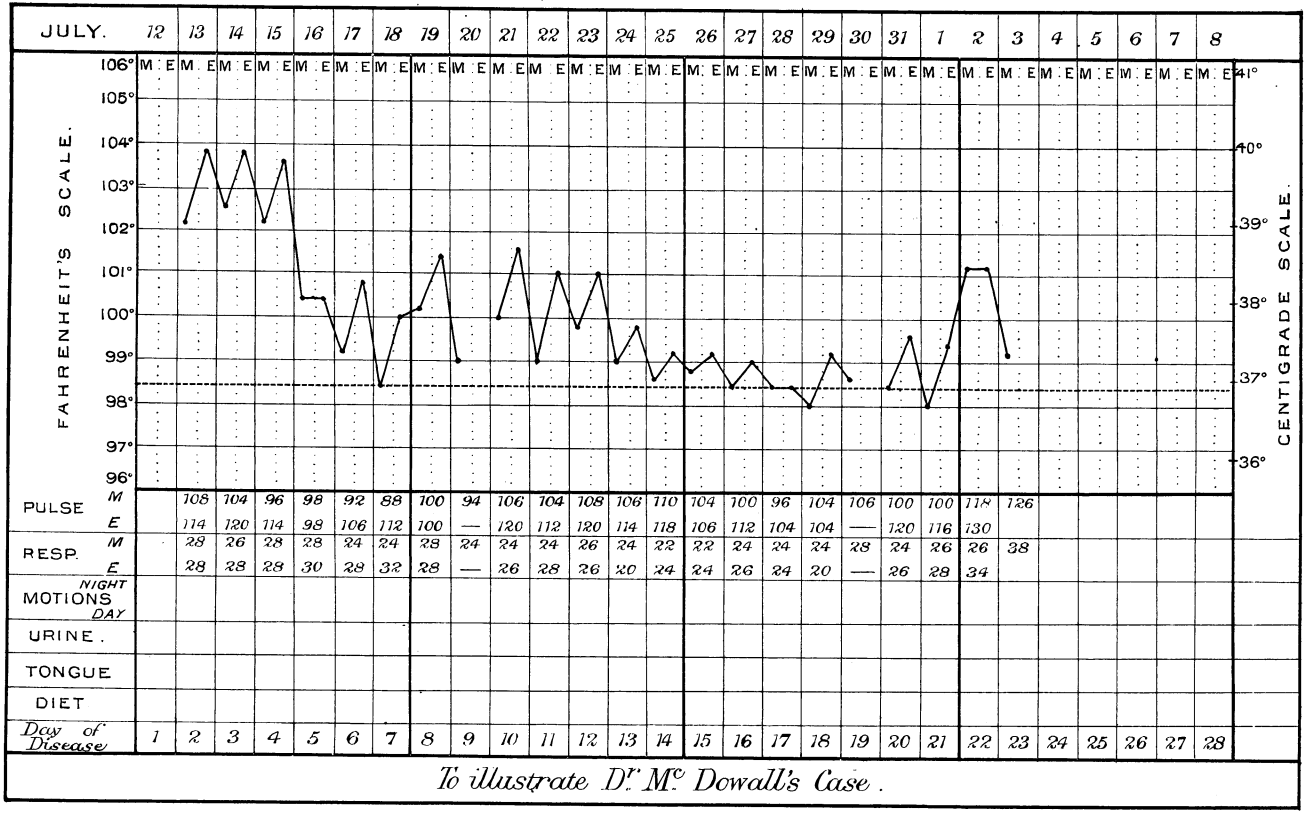
The best pathologists have ever taught that man rarely dies from disease of one organ alone, and I would go as far with respect to the etiology of insanity. One cause is rarely enough to produce insanity, the physical and the mental reacting on one another in such intricate ways that we can only hope to attain to relative truth. The case I have to

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report is one in which both the insanity and the death may be said to have been due to an accumulation of small causes, not one being enough to cause the end, but the cumulation being too great to be borne. In this case the woman had suffered from some uterine disease ever since puberty, which had caused metrorrhagia. She had a brother who was insane, and who made a partial recovery. The patient herself had a previous attack, from which she made a complete recovery. In both the present and the former attack the symptoms were melancholic, with a strong hypochondriacal aspect. The patient had at one time suffered from symptoms of phthisis, but recovered. On admission this time she was weak in general health, and complained much of her head; said she felt worse than ever, she could never get well. She improved slightly, but was very dull. Shower baths were given, but had no good effect. Metrorrhagia returned, and she became weaker. She also would not stop in bed, and thus exposed herself to draughts and cold. On August 8 she was reported as having fouled her room, and she was sent to the refractory gallery. She was noticed now to be dull and all but insensible. She was again dirty; she rapidly became worse. Her temperature rose to 102, and later to 104; breathing rapid, with numerous rales. No marked dulness, though there was some on the left side. She was now quite insensible, without being able to be roused. She could not swallow, and nothing seemed to have any effect in stimulating her. Her breathing became worse, and she sank and died on the 10th. *Post mortem* we found the body well nourished; no signs of injury. The left side of the chest was dull, but not absolutely. On removing the calvarium, which was dense, the dura mater was normal in appearance; there was a noteworthy absence of fluid. On removing this the arachnoid was dry, and had a peculiar glazy look; the pia mater was pale and thin; there were many pacchionian bodies; the brain itself was pale on section. At once one was struck with the peculiar punctiform hæmorrhages following the line of the convolutions. This is well shown in the drawing made by me at the time. These spots were also seen in the deeper parts of the brain, and on opening the lateral ventricles one found there similar spots. In the left ventricle the corpus striatum was seen to be disorganized, and to be partly occupied by a clot of soft grumous blood. The membranes easily stripped. In the lungs there were emphysematous patches along the

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To illustrate Dr. Mc Dowall's Case.

Mintern Bros. lith.

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anterior edges. The left lung showed some pneumonia and some bronchitis, but neither was excessive. There was at the left apex a large scar, and also some cretaceous matter, as from changed tubercle. The liver was fatty, and rather wasted. The kidneys showed some cysts; the largest, near the pelvis of the left, was as large as a bean. In the uterus was a very large fibroid tumour, and in the dilated cervix clots of blood.

The most interesting points are the melancholic symptoms, with marked and old uterine fibroid, and next the sudden termination of what looked like being an ordinary case of chronic mental disease. The appearance is unlike any description I know of, but I have heard from one pathologist that he has seen something like it in early meningitis. The appearance of the membranes was very like that seen in the intestines in early peritonitis.

Cases Contributed by Dr. T. W. McDowall, County Asylum, Morpeth.

I.—*Acute Atrophy of the Liver following Rötheln (?) in a Melancholiac (with Temperature Chart).*

The following notes from the case-book give a very fair history of this most unusual and interesting case:—

A. B., æt. 52, widow, admitted 8th June, 1881, labouring under her first attack of insanity. She had, as a rule, good health, and was in comfortable circumstances, but during the last twelve months she has had much anxiety through her husband's illness and ultimate death five days ago. She is said to have been always of a fretful, anxious disposition. Three weeks ago she manifested delusions for the first time. She believed that some one was coming to hang her, and she desired laudanum with which to poison herself. The attack began with sleeplessness and depression; she cried constantly, "Oh, dear, what is to become of us?" During the last fortnight she took little food, but of late has eaten occasionally ravenously.

She has had three children; one died of dropsy, and two are alive and healthy. One relative (degree unknown) is said to have been insane, but not in an asylum.

9th June.—Since admission she has been quiet and depressed; has slept little, but taken food daily.

Physical condition.—Hair grey. Eyes brown, pupils normal, discs and fundus normal. Body well nourished. A few recent bruises (present on admission) on arms and body. Small cystic tumour of thyroid.

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