Notes on a Case of Acute Insanity with Sexual Perversion. By William C. Sullivan, M.B., Clinical Assistant, Richmond Asylum, Dublin.

The case which, by the kind permission of my chief, Dr. Conolly Norman, I am enabled to bring under your notice to-day, is one of acute insanity occurring in a male adolescent, and marked in its course by the somewhat unusual symptom of sexual perversion.

Patient, J. D., a youth of 21 years. No insane or criminal heredity; suffered three years ago from an attack of post-febrile melancholia, with hysterical symptoms, from which he made a good recovery. From that time up to onset of present attack enjoyed good mental health; was not addicted to masturbation, but indulged in sexual intercourse. For some two months before admission had been intemperate.

Present attack, commencing with excitement, passed into depression, verging upon stupor, in which condition patient was admitted to the Richmond Asylum July 4th, 1892, presenting at this time the usual symptoms of deep melancholia. His genitalia were normally developed, but his expression is noted as effeminate, and the prominence of the pomurn Adami was absent, partly owing to hypertrophy of thyroid. Patient masturbated constantly.

Throughout July the case presented the appearance of an ordinary melancholic attack, with numerous hysteroid symptoms.

In August it is noted:—"Patient seems a little brighter. Appears to have developed amorous feelings towards one of the officers, Mr. X., gazing at him ecstatically, following him about, and declaring that he 'loves' him. Questioning patient elicits that the feelings aroused are of a sexual nature." This condition lasted about three weeks, passing off gradually as the other mental symptoms improved.

On September 3rd it is noted:—"Patient has now quite recovered, and is able to give a clear account of his mental state during attack. . . . Confirms statement that his feelings towards Mr. X. were of the above-mentioned nature; such feelings were also excited by sight of certain of his fellow patients. . . . During his illness patient had suffered from frequent attacks of globus hystericus, followed by polyuria and profuse sweating."

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Remarks.—From this clinical history it will be observed that the condition of perverted sexual feeling was merely an episode in the melancholic attack. The patient, while in mental health, had no unnatural desires, and in all probability was not in the habit of masturbating; but only in his disease he develops this habit, and subsequently manifests feelings of sexual perversion—a sequence of symptoms which rather suggests a relationship of cause and effect between the masturbation and the perversion.

If such a relationship be admitted, this case would go to support the view that ordinary cases of sexual perversion may originate by a similar evolution, and that they are not necessarily the result of any innate condition.

Hypertrophy of the Scalp in a Lunatic. By Dr. Poggi. (Communicated by Dr. McDowall, Morpeth.)*

The subject who presented this anomaly of development of the scalp was M. B., aged 66, a peasant woman from the province of Comasca. Of medium height, regular conformation of body, dark complexion, irides dark chestnut, thick and black eyebrows, hair thick, strong, black, with only a few white ones, notwithstanding her advanced age. Her mother, a brother, and a sister have been insane. She suffered some years ago from puerperal mania, and was finally admitted to the asylum at Como labouring under simple lypemania, on 25th March, 1884. She died suddenly from syncope on the 27th of the same month. The autopsy revealed advanced fatty degeneration of the heart and liver.

The scalp covering the posterior and part of the upper portion of the head is much thickened, and presents numerous and deep furrows in a transverse direction, curved, with the concavity upwards, produced by thick elevations of the skin, which seems hypertrophied.

These folds and the resulting furrows are arranged with a certain amount of symmetry round a furrow which may be considered *central*, running in a straight line from back to front, and starting at the vertex, follows the direction of the sagittal suture for a distance of five centimetres, and has a depth of about three millimetres. Round this upper central furrow goes a second, which, from being cut off in front at the level of the anterior stem of the central furrow, has the shape of a U, and limits a fold of about one centimetre in breadth. This first

* Dr. Kurella, of Brieg Asylum, Breslau, was kind enough to bring this case under my notice.

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