memory for past and recent events is extremely good. She will not occupy herself in any useful way; her chief aim and object seemingly is to become the centre of attraction to those around her. She expresses a real affection for her children and her late husband, differing thus from the majority of patients who suffer from this disease.

About midnight again there is a sudden transition, and the patient is back once more into the stage of "depression," and so completes the cycle of the attack.

Case of Insane Homicidal Impulse. By D. F. RAMBAUT, M.D., Assistant Medical Officer and Pathologist, Richmond Asylum, Dublin.[1]

H. B— was admitted to the Richmond District Asylum in September, 1897. He was the youngest of ten children. The second child, a female, had epileptic fits which commenced at the age of twenty, and occurred frequently until she was thirty, when they ceased. The sixth child, a male, is the victim of alcoholism. The ninth died of consumption in the Richmond Asylum. Patient's father is stated to have been "eccentric, and the subject of morbid fancies." He died at the age of seventy-two years from cerebral apoplexy. H. B— belongs to the small farmer class. He is forty-eight years of age, better educated than the majority of his class, very intelligent, temperate, and affectionate to his brothers and sisters.

In September, 1878, he was treated in the Adelaide Hospital, Dublin, for phthisis, and seems to have made a good recovery. Since 1887 he has complained occasionally of a weight and sometimes a lightness in the frontal region, a general weakness and loss of appetite, and a certain restlessness ("I never felt easy unless I was walking about"), and a feeling of "fulness and internal swelling in his ears," unaccompanied by deafness or tinnitus. These attacks were a cause of temporary mental depression to him. Eight years ago and two years ago these attacks were accompanied by a pain which he located behind the sternum at the level of the fourth costal cartilage, and extending backwards to the region between the scapulæ. From September, 1896, until June, 1897, he remained in a fair state of

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health. In June, 1897, he experienced one of these attacks of weakness, which began by profuse sweating, and was accompanied by loss of sleep. In August he thought the attack had almost passed off, when one day the feeling of "weight in the frontal region" and "fulness and swelling in the ears" returned in an aggravated form. In his own words, "I used to tremble, and felt as if I had had a fright; my heart was irregular, sometimes beating very violently, and at other times almost ceasing." Occasionally, too, at this period the thought that his cattle were about to die forced itself upon him. On the 16th September, 1897, he had hallucinations of hearing, which did not persist, and which he recognised as hallucinations. On the 17th September, 1897, when sitting on a reaping machine he said to some men who were working with him, "Do you know that Mr. R— is going to live on the top of the mill?" and "Did you hear that Lord R.'s mansion was going to fall?" He states that he felt compelled to make these remarks, though he knew he was talking nonsense. On September 18th, 1897, on his return from work he felt an impulse to strike his favourite niece. He resisted the impulse by walking up and down with his face turned from the child. On the following morning at 1.30 a.m. he awoke with a violent palpitation of the heart. His own words are, "This terrible beating of my heart lasted for about an hour; I felt a great desire to go in and murder my sister in bed. I dressed in a great hurry and ran out of the house, for fear I might injure my sister. I went to my brother's house and told him what had happened—I had then cooled down. I left him (I warned him not to come with me—I was afraid I might injure him), and then went to the Police Barracks and informed a policeman of my state, but he said, "Don't be foolish;" so I went away to the house of a friend, who permitted me to stay with him. I told him that I was afraid to go home—that I felt inclined to murder my sisters. I remained with him, but could not sleep."

At ten o'clock in the morning (September 19th) he became much worse, and had frequent impulses to injure anyone near him. He requested his friends to tie him down, and directed them to tie his body to the bed and his hands to the end of the bed. The impulse to strike coming on during the process of tying, he attempted to break the ropes and assault the man who was tying him down. These impulses returned

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about every hour until the following day (September 20th), when he was removed to the Richmond Asylum, Dublin. He was able to warn those near him of the approach of the attack by an aura of cardiac anxiety and palpitation—a feeling of heat in the top of his head, and a feeling as if "something opened in the back of his head."

On the day of his admission to the asylum he felt the impulse a few times, but invariably requested the special attendant to hold him by the wrists. On September 21st he experienced the impulse four times. On September 22nd he was free from impulse, and slept during the night. On September 23rd he was five times possessed of an uncontrollable impulse to strike some one. The first occurred at 8 a.m. and lasted for eight minutes, the second at 10 a.m., the third at noon, and the fourth and fifth with an interval during the afternoon. The third occurred while I was talking to the patient. With a pained expression he said, "Move away, please!" Then he beckoned to the attendant and said calmly, "Hold me." He remained in bed, but his limbs became tense and his sad face became paler. The attendant still holding him, he turned his head to me and said, "I long to hit you." The attack lasted for ten minutes, and at the middle of that period it seemed to reach a maximum, for he clenched his teeth, and though held he raised himself into a rigid sitting posture and struggled to free his arms. When questioned during the attack he answered in a restrained manner, "I don't see anything peculiar—I don't hear anything peculiar, but a gradual inclination to strike comes over me, and it quickly increases in force." The attack passed off as it had begun, gradually, and at the end of ten minutes he said to the attendant, "That will do;" and to me he said, "That is enough—you need not be afraid of me now." He informed me that he had a soreness in the throat during the attack, which he located at the level of the supra-sternal notch. During the paroxysm no epileptoid phenomena were observable in his face, head, or eyes.

On the following day (September 24th) there were two attacks of homicidal impulse,—one at 6.30 a.m., which lasted five minutes, and a second at 10 a.m., which lasted for five minutes. He stated this day that he felt very weak, and he looked very sad. On September 26th the impulse came on him once, and lasted eight minutes. On September 27th he had two

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attacks, each lasting ten minutes. On September 28th the impulse occurred once, and lasted fifteen minutes. On 29th October, 1897, he had an aura of the approach of the impulse without the impulse occurring. On the 10th, 11th, and 16th of November the frontal headache reappeared, but without the impulse.

On February 11th, 1898, palpitation of the heart returned, and he feared the return of the impulse. On March 21st, 1898, frontal headache occurred with a slight impulse. Since March, 1898, he has gradually improved in general health, and has only been troubled by sleeplessness occasionally.

On admission to the asylum his heart showed nothing abnormal except frequency of beat, 90—100 per minute. The lungs showed evidence of slight consolidation in both apices, but more in the left than the right. At the present time he is not troubled by impulses. He sleeps well, feels strong, and is fat. The heart-beat continues frequent, 100—105 per minute. There is now no palpitation.

Though obsessions followed by impulses are experienced, I may say by everybody, at some period of time, impulses of a homicidal nature are so rare, and in this case are so clearly described by the sufferer, that I feel justified in mentioning so many details. This case seems at first sight to bear out the conclusion of Esquirol in his classical description of homicidal monomania, that there is a disease in which the patient presents no appreciable alteration in the intelligence or affections, and yet is prompted by an indefinable instinct to kill, and is carried along irresistibly to an act which is repugnant to his conscience; and that this disease is announced by physical symptoms of which there is a perfect recollection: that the impulse occurs periodically, and is found in persons who, though noted for their gentleness and goodness, are at times depressed and gloomy.

The accompanying physical symptoms, although they resemble the aura of the epileptic, must not prevent us from distinguishing the homicidal act of the so-called homicidal monomaniac from the homicidal act of the epileptic in his dreamy automatic state. In the latter there is semi-unconsciousness and then loss of memory, while in the former there is a perfect recollection of details. From a medico-legal standpoint this disease or symptom of a disease is one of great importance, and perhaps the

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careful study of its physical accompaniments may enable us to establish a distinction between the murderer and the monomaniac who commits homicide in response to his first impulse. Dr. Bevan Lewis, in the second edition of his work, in referring to the physical accompaniments states that they indicate a primary disturbance of the vagus. His words are, "The epigastric aura, followed by spasm of the throat and intense thirst, is of interest as indicating a primary disturbance of the vagus, and as giving rise to the most intense and massive feelings of organic life, which in the brute arouse the most ferocious instincts." In connection with this suggested disturbance of the vagus, the persistent frequency of the pulse mentioned above in the case of H. B— is of interest.

This case illustrates in two ways the views of Magnan, who holds that these obsessions and impulses are merely clinical manifestations of the mental state of the degenerate. In the first place there is ample evidence in this case of hereditary degeneration, which he maintains can be shown to be present in the great majority of cases; and in the second place we find that the obsession to murder was not the only obsession, for it was preceded by an obsession that his cattle were about to die, and the impulse to make the absurd remarks mentioned above.

(1) Read at the Spring meeting of the Irish Division, April, 1899.

Case of Porencephaly. By SAMUEL EDGERLEY, M.A., M.D., Senior Assistant Medical Officer, West Riding Asylum, Menston.

The following case of porencephaly may perhaps be considered worthy of note, not only on account of the large portion of brain directly involved, but also on account of the effects produced secondarily in other parts of the organ.

The subject's family history showed a marked hereditary predisposition to mental disease. Very little information could be obtained regarding her early life, but she was reported to have been mentally deficient and hemiplegic from infancy. Whether she then suffered from epileptic seizures is not known, but for fifteen years before her death, at the age of forty-three, these

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