Case of Double Sacculated Intra-cranial Aneurysm.

By B. HENRY SHAW, M.B., B.Ch., R.U.I., Senior Assistant Medical Officer, County Asylum, Stafford.

AUTHORITIES are very much at variance as to the most frequent variety of intra-cranial aneurysm; Erichsen states that they "are almost always formed by the uniform dilatation of a limited portion of the artery—the sacculated variety being rarely met with." Treves is impartial, while in Osler's series of twelve cases, eleven were sacculated. They are rarely met with in the asylum *post-mortem* room, the mental symptoms commonly produced being simple irritability, restlessness, or depression of spirits, very rarely definite insanity as in the following case.

A woman, J. A—, æt. 50, in fair general health, came under treatment here on August 15th, 1900, for Delusional Insanity, the duration of which was given as two years. No family history could be obtained. The following signs and symptoms were noticed.

(α) *Mental.*—From its onset her mental affection appeared to be of a simple delusional nature. While here she manifested various delusions of persecution, principally connected with telephones and electricity, and auditory hallucinations seemed to play a strong part in the production of these. The latter were of an intermittent character, and principally *en evidence* during the night-time. When not troubled by them she spoke nicely and reasonably, and was at all times quiet and courteous in demeanour.

(β) *Physical.*—She had almost complete right ophthalmoplegia, viz. ptosis, external strabismus, and fixity of pupil. This latter condition, though present as a rule, was not constant; there was no optic neuritis, nor did she complain of any dimness of vision when her other eye was covered. She said that this condition came on suddenly a few years ago, being preceded for about twenty-four hours by a violent pain in the right side of the head. She constantly suffered from a buzzing sound here, and periodically from acute pain of a hemicranial nature though she never vomited while under our observation. A habit of inclining her head over to the left side—that opposite the lesion—was also very noticeable. No other signs of organic disease were detected.

Termination.—On February 19th, 1901, I found her suffering from an apoplectic seizure, the convulsions being strongest on the left side. This was shortly succeeded by another in which they were universal, and she died soon afterwards. During these seizures her pupils were at first strongly and equally contracted, and finally moderately dilated.

Post-mortem Appearances.—On opening the dura mater, which was normal in adherence and texture, a large hæmorrhagic effusion was

https://doi.org/10.1192/bjp.47.198.547 Published online by Cambridge University Press

seen beneath the pia arachnoid, distributed in a patchy manner over the frontal, occipital, and cerebellar regions, and most of the base; it was also present in the lateral ventricles, but especially so in the right, which was greatly distended by clots. This hæmorrhage resulted from the rupture of a sacculated aneurysm on the right middle cerebral artery, about the size of a pea, which had caused softening of the anterior portion of the island of Reil, gradually pushed its way towards, and finally ruptured into the right lateral ventricle. This aneurysm showed no fibrinous deposit, being thin-walled and perfectly empty. Another large sacculated aneurysm arose from the right internal carotid just as it pierced the dura; it was quite hard, being almost completely closed by laminated fibrin, about the size of a walnut, oval in shape, its long axis lying antero-posteriorly; below it pressed on the right cavernous sinus, and above had softened a considerable area, involving a portion of the anterior perforated space and uncinate gyrus. But for these areas of softening the cortex cerebri, both micro and macroscopically, showed no departure from normal. The heart was hypertrophied, and the aorta, cranial, and other arteries markedly atheromatous. The other organs do not call for special comment.

The principal points of interest in the above case are:

(1) The causation—evidently atheroma,—and cardiac hypertrophy.

(2) The spontaneous cure undergone by the larger aneurysm, evidently due to its own pressure on the trunk of the internal carotid in the cavernous sinus.

(3) The fact that the reputed site of the auditory centre is in the temporo-sphenoidal lobe, lends special interest to the association of persistent auditory hallucinations, and delusions founded thereon, with extensive degeneration of the uncinate gyrus, the cortical lesion here being of much greater extent than that caused by the smaller aneurysm on the middle cerebral.

Occasional Notes.

The Professional Examination of the Medico-Psychological Association.

Specialisation is ever advancing, and examination follows fast; if the one is established the other is almost justified. The reasons for an examination in medico-psychology are

https://doi.org/10.1192/bjp.47.198.547 Published online by Cambridge University Press