was rapid; bed-sores appeared, and he died on the 23rd December. For a few days before death it was suspected that he could not see. This was probably true, as the post-mortem examination disclosed such an unusual amount of fluid in the head.

The above is a brief abstract of the notes of this case, which, beyond the brain weight, presents no feature of interest. It was an ordinary one of general paralysis in the beginning of the last stage, and it failed to pass through the usual phases by being cut short through the excessive accumulation of fluid in the cranial cavity.

The following are the post-mortem notes, slightly abbreviated :—

Head.—The skull of unusual size, decidedly thickened and dense. Skull-cap firmly adherent to dura mater; dura mater adherent to pia mater here and there. Eleven ounces (by measure) of fluid escaped during removal. The membranes over upper and lateral surfaces so thickened, swollen, and opaque that the convolutions are invisible. This condition of the membranes is continued along the Sylvian fissure. Brain in ordinary state, =61 oz.; drained of all sub-arachnoid fluid, =58 oz. The convolutions are everywhere much atrophied; sub-arachnoid effusion abundant in usual places. Vessels at base distinctly atheromatous; the chief branches in same state. On section: Grey matter pale and shallow; the ventricles very large; the lining membrane markedly granular. No trace of softening or clot.

The notes relating to the viscera are of no interest.

This brain is the heaviest I ever saw, and may be compared with the weights given in most text-books of anatomy, in Clapham's papers on "Brain Weight in the Insane," and elsewhere. The 11oz. of fluid which escaped during removal without doubt represented some ounces of brain tissue. If, therefore, we add, say half, 5½oz., as representing the tissue lost during the progress of the brain atrophy, we arrive at 66½oz.—perhaps the heaviest brain weight ever recorded.

Two Cases of Melancholia. By Alex. Patton, M.B., Farnham House, Finglas. (See "Notes and News.")

I desire to place on record two cases of melancholia, in which the exciting cause of the disease under which each laboured being the same, the progress and termination differed very widely.

I.

The first is the case of a married lady, R. L., æt. 32, mother of four children—a healthy, active woman, of quiet domestic habits, who, from some unexplained cause, had the misfortune to suffer in her last

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confinement, a few months before, a complete laceration of the recto-vaginal septum, obliterating the perineum and leaving one common cloaca. This accident and its accompanying annoyances weighed heavily on her mind, she became very desponding and melancholic, and attempted suicide more than once.

She came under my care in the month of May, 1879, presenting a very discouraging aspect, the gloom of the prognosis being increased by the fact that a brother had been under my care some years before suffering under suicidal melancholia, from which, however, he ultimately made a hopeful recovery. Strict insistance on nourishing diet and close watching had a good effect in restoring this lady's bodily health, but the continued absence of the catamenia for some period led to an examination of the state of the womb, when it was discovered that the posterior part of the os and cervix uteri was deeply eroded, having possibly suffered laceration at the same time with the other accident.

Repeated application with solid nitrate of silver was followed by the gradual filling up of the sulcus, the parts around assuming a healthier appearance, but all the time the patient remained in a very depressed and desponding state.

Some eight months after admission, four or five from the commencement of the local treatment to the uterus, and a few hours subsequent to an application of the caustic, a violent attack of hæmorrhage came on, producing faintness and exhaustion and requiring to be controlled by the tampon. From that time—and this is the point to which I desire to call particular attention—mental improvement commenced, the melancholic depression was succeeded by brightness and cheerfulness, she asked for work materials, read, and employed herself, and her convalescence was so established that after two months more she was able to return home, resumed her position in the household, and has since been made the happy mother of a healthy baby. Of course no attempt has been or can be made to restore the obliterated septum.

II.

The second case was that of A. S., æt. 31, a married lady, mother of three children, who after her last confinement, about six months ago, suffered from recto-vaginal rupture, which did not, however, extend to the sphincter ani, and was operated on about a month previous to her admission, with partial success. She became very melancholic, though not suicidal, allowed her mind to dwell continually on her ailment, became utterly unmanageable at home, and was sent to this asylum in April, 1884.

Her history previous to her marriage was that of one given up to amusement, dress, and self-indulgence, and after marriage she so continued—never having been known to take a needle in her hand or help in any way in the management of her children.

When admitted she was pale and sallow, badly nourished, crying

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Mintern Bros. Chromo. lith.

INTERIOR OF CALVARIUM
ILLUSTRATING CASE OF HÆMORRHAGIC PACHYMENINGITIS.

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over herself, and utterly abandoned to perpetual and open masturbation, on which bromides, baths, syringing, or the presence of persons about her, produced no restraint.

She refused food, and had to be fed and nourished artificially for more than a month, her health needing extra nourishment and stimulants, as a large abscess formed between her shoulders, which after discharging about a quart of thin pus healed up. Her health of body recovered, but her mental condition remained the same, with at times an exaggerated idea of her own misfortune. Her habits were filthy in the extreme, and she paid no attention to the calls of nature.

The need for artificial feeding ceased after a time, and she ate ravenously, which still further strengthened her body, but no mental improvement followed. Her disgusting habits continued, and I was obliged to ask her friends to remove her to another asylum, where she still remains pretty much in the same state, a great contrast indeed to the happy termination of the first case reported above.

Case in which Hæmaturia and appearances as of severe bruises occurred spontaneously in the course of an attack of maniacal excitement, and in which after death there was found to be extensive internal hæmorrhagic pachymeningitis.

By Geo. H. Savage, F.R.C.P., and R. Percy Smith, M.D. (With Plate).

J. H. M., commercial traveller, married, age 40. Sister insane; no family history of hæmophilia. First attack of insanity, cause unknown. Habits sober. General health has been good. Has been subject to hay-asthma. Never had hæmaturia, and was not known to bruise easily. He has been a steady, industrious man, with studious tastes, yet of cheerful disposition. Ten days before admission had a pain in back of head and neck. He then became emotional and depressed, and the same evening was restless. This restlessness passed rapidly into mania.

The medical certificates said he believed his wife was insane; that the nurse wanted to poison him; and that he had waded through the shining river. He became incoherent and violent.

On admission into Bethlem Hospital he was so restless, violent, and weak that he was placed in the padded room. He rolled about, was sleepless and noisy. He was wet and dirty. Bowels relieved by white mixture. Temperature 99°. Heart and lungs normal. Tongue dry and brown.

On the day after admission he passed eight ounces of blood and urine, the proportion of blood being large. He passed urine on several other occasions with no signs of blood. It was noticed and reported that on admission he bore many bruise-like marks on arms, fore-arms, and over ribs.

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