is seen to be slow and gradual, but none the less certain.

We see the arrest of the epilepsy for nearly four years after the ligature of the artery, during which time there was marked mental improvement under training, but followed by loss of this improvement on the return of the fits, showing, as Dr. Shuttleworth remarks in his paper on "The Physical Features of Idiocy in Relation to Classification and Prognosis," that, "speaking generally, epileptic idiots are disappointing subjects for tuition. They make a fair amount of progress for a time, but if they have a severe recurrence of epilepsy lose what knowledge they have acquired."

Parotitis in the Insane. By THEO. B. HYSLOP, M.D., Assistant Medical Officer, Bethlem Royal Hospital.

The following three cases of parotitis occurring in insane patients are interesting, inasmuch as there was a remission of the mental symptoms during the recurrence of the inflammatory condition of the parotid.

J. W., æt. 49; admitted to Bethlem August 2nd, suffering from acute delirious mania. Two weeks before admission she was sleepless and excitable, rambled in speech, noisy, loquacious, and violent. At first she was treated with morphia, which caused more excitement, so hyoscine was given with little better results. On admission she was very violent, tongue dry and cracked, epithelium coming off in flakes, sordes on gums and teeth, refused food, bowels constipated, urine retained (sp. gr. 1024, acid, no albumen or sugar), and had to be drawn off with catheter. Pupils dilated, but reacted fairly well to light and accommodation. She lay in her room in a prostrate condition, but occasionally throwing her arms and legs about in a purposeless manner. Voice weak and husky; incoherent, muttering delirium. She resisted everything that was done for her, and absolutely refused food. Pulse rapid. Temperature 101° in evening.

August 7th.—Hard and brawny swelling noticed in region of right submaxillary gland, rapidly increasing in size, and spreading down the neck. No fluctuation. Temperature 102·2°. Dysphagia and some dyspnœa caused by the swelling.

August 9th.—Swelling extended to right parotid region; less in submaxillary. Temperature 99·6° morning, 103° evening. Is conscious of her surroundings. Hot fomentations applied.

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August 12*th*.—Swelling in right parotid region decreased, but marked swelling now in the left, with considerable tenderness on pressure. Hot fomentations applied constantly. Mentally much improved; has made several attempts to speak. Appears to notice her surroundings, and recognizes her friends. Temperature 101° in the evening.

August 16*th*.—Swelling of parotid still present; rapid respirations; dysphagia marked. A few moist râles heard at base of right lung.

August 19*th*.—To-day spoke a few words quite intelligibly; quite conscious, and apparently rational. Large area of dulness over right base posteriorly, and some crepitations and dulness of left base. Pulse weak; respiration difficult; died in the evening.

Post-mortem there was found congestion of the inner membranes of the brain, and excess of subarachnoid fluid. On stripping the pia mater there was noticed a finely-granular and mottled appearance on the surfaces of the convolutions, and on microscopic examination the blood-vessels of the cortex were enlarged, and much more prominent. There was a want of uniformity in the staining, and the cells were somewhat indistinct, and surrounded by nuclei. The vessels at the base were healthy, and there was no evidence of disease in the venous sinuses. Heart valves healthy; some fatty degeneration of muscular substance. Slight pneumonia of left base, and some grey hepatization of right lung, with trace of old-standing inflammation at the apex. Trachea and larynx normal; liver fatty; left kidney normal, right kidney firm and congested; capsule slightly adherent, cortex firm and dark in colour; boundary zones firm and well-defined. In the pelvis of kidney there was some greenish pus, and traces of effused lymph on the surfaces of the cones and the lining membrane of the pelvis. Bladder normal.

Case II.—C. M. S., female, æt. 31; admitted January 2nd, suffering from an attack of acute melancholia. She had four previous attacks of depression. Always at her catamenial periods she was somewhat depressed, had hallucinations of sight and sound, and suicidal tendencies. On admission she was much depressed, with dark rings round her eyes. Some proptosis and general aspects of melancholia.

January 23*rd*.—Very violent; tried to pull her hair out, and attempted to injure herself in other ways. Sleepless; refused food; fed artificially; refused to speak.

March 13*th*.—Confined to bed on account of sickness and pain in epigastrium. To-day some swelling noticed in left parotid region, causing great pain on opening the mouth, or on pressure. Hot fomentations applied.

March 15*th*.—Swelling increased; very tense and tender. Mentally somewhat more rational.

March 18*th*.—Swelling on left side much decreased. In right

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parotid, however, there is considerable swelling and pain. Mentally quite cheerful and sane.

April 5th.—Parotid swelling entirely gone. Has remained quite well mentally. Discharged well subsequently.

CASE III.—S. P., male, æt. 74; admitted January 29th, suffering from acute mania. Six months previously he had a partial paralytic seizure affecting left side, followed by sleeplessness, emotional instability, and latterly excitement, with incoherence and refusal of food. On admission he was much exhausted, with a red, dry tongue, constipated bowels, enlarged prostate, and some cystitis. Urine sp. gr. 1030. Alkaline containing pus, blood, and albumen. Refused his food. Incoherent rambling, and confused, with delusions as to persecution, etc.

January 31st.—Very restless during the night; noisy and violent; had to be put in padded room; given 30 grs. of sulfonal.

February 2nd.—Has to-day some pain in the left parotid region on opening his mouth.

February 3rd.—This morning there is a large swelling in the left parotid region, evidently involving the whole parotid gland. The surface is red, but there is no evidence of fluctuation. Quieter, and taking food better.

February 5th.—An incision 1½ inches long was made into the swelling, with relief of the tension. Mentally much more composed and rational. Seemed to recognize people around him. Took food better, and seemed to be nearly well.

February 11th.—Much improved; quiet, and quite rational.

February 29th.—Since last note patient has remained well, but now has relapsed into a condition of weakmindedness, with occasional excitement.

OCCASIONAL NOTES OF THE QUARTER.

The Annual Meeting.

The Glasgow meeting undoubtedly proved a success, as it was sure to be, under the able presidency of Dr. Yellowlees. His address, thoughtful, practical, and eloquent, met with a warm response from the members of the Association present. If it was forcible in language, it was also fair. If it was an indignant protest against a recent movement, it was free from dogmatism. If it dealt in destructive criticism, it was also constructive. It was composed before the final collapse

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