Discussion on Dr. Bond's Paper.

Dr. FLETCHER BEACH begged to thank Dr. Bond for his very interesting paper. He met some years ago with a case in which there was atrophy of the brain and co-existent atrophy of the cerebellum on the opposite side, and a few years afterwards he reported to the Association a case of cerebellar disease in which two cysts occupied that organ. As far as he could remember, these were the only two cases in which he had met with disease of the cerebellum. Dr. Risien Russell had made some recent researches on the cerebellum, and if Dr. Bond had not seen them, he would probably find some facts recorded in Dr. Russell's paper which might bear on the subject.

Dr. CONOLLY NORMAN said the Association was deeply indebted to Dr. Bond for this most learned and carefully prepared paper. The speaker referred to the description of atrophy of the cerebellum given by Ziegler, and described a similar condition which he had had an opportunity of studying in specimens which a friend had kindly shown him. In his own laboratory he had not had a case of atrophy of the cerebellum. A condition apparently analogous attacking one cerebral hemisphere is not uncommon.

Dr. COWAN expressed his thanks to Dr. Bond for the able paper which he had given them. Facts in pathology were always welcome and valuable, and were the more valuable and the more welcome when so carefully reasoned out as they were in Dr. Bond's paper. The speaker then referred to a case which is the subject of the following article.

Notes on a Case of Cerebral Hemiatrophy. By JOHN J. COWAN, M.B., C.M., M.P.C., Leigh Sinton, Malvern; late A.M.O., District Asylum, Melrose, N.B.

The subjoined notes are those of a case mentioned at the Association's meeting at Worcester, in connection with Dr. Bond's paper.

A. R. H., an epileptic imbecile, was admitted to District Asylum, Melrose, on May 27th, 1879. His mother suffered from an attack of insanity. Of his state previous to admission little is known. He used to assist at a gardener's, but never was able to earn a livelihood. For some three months he had been an inmate of Perth Criminal Lunatic Asylum for assaulting a labourer with an axe. On admission nothing abnormal was found to exist directly bearing on the condition found after death. At varying intervals he suffered from severe epileptic fits, but these under the steady administration of bromides ceased in November, 1890, leaving him of a very irritable and sometimes savage dis-

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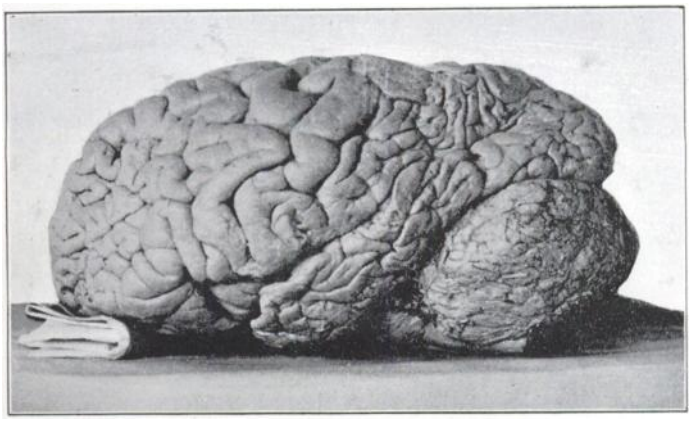


FIG. 1.

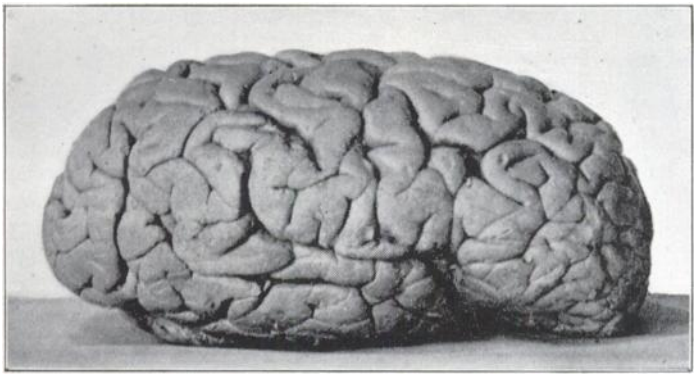


FIG. 2.

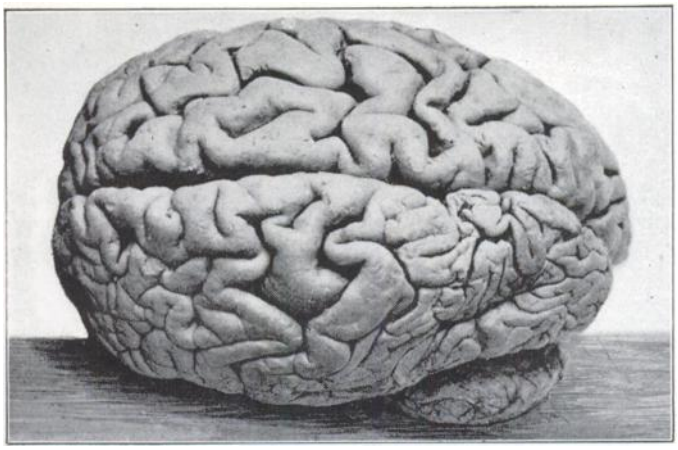


FIG. 3.
To illustrate Dr. COWAN'S paper.

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position, and the subject of delusions and hallucinations. In 1887 he is noted to be very irritable, conceited, and supercilious, rambling and incoherent in talk, imagines that he is a most superior person, and proud of his singing and dancing. In July, 1891, his condition was one of mild chronic excitement of mind with dementia. His gait was awkward, but not staggering; he drags the right limb somewhat. While dancing the movements of the limbs on the right side are performed stiffly, and he kicks out the right leg spastically. The face was asymmetrical; speech jerky and explosive, rambling and incoherent in talk, can only express his wants in a roundabout manner. In January, 1892, signs of phthisis were detected. Mentally his condition was characteristic of phthisical insanity. He developed tubercular disease of peritoneum, and died in May, 1892.

Extracts from post-mortem register:—Old hæmatoma of left ear.

Head.—Calvarium very thick owing to great hypertrophy of diploë, especially on the left side; shape asymmetrical, the right being the larger side. The thickening of the diploë is most marked in the frontal and occipital regions. Parietal foramina unusually large. Dura mater readily separable from skull, slightly thickened. Over the vertex on left side is a thin rusty-coloured false membrane dotted with small brown spots. The pia adheres to the dura mater in the frontal and occipital regions on the left side. The venous sinuses are all large. The brain is seen to be much larger on the right side than the left. The convolutions of the left hemisphere in the frontal regions and occipital are very small, withered, and compressed looking. Those of the motor areas, while atrophied, are more normal in appearance and size, but simple. The convolutions of the right hemisphere are large in the motor areas, but show also slight atrophy in the frontal lobe. Arteries at the base are free from gross disease. There are two anterior communicating arteries. Pia mater is extremely tough over the left hemisphere; very œdematous, and of an opaque milky-white colour. It strips with abnormal readiness. The left parietal lobe is shrunken, withered, and hollowed out. The right half of the cerebellum is smaller than the left, but shows no other lesion, nor does the cord to the naked eye. The brain weighs, with pons, medulla, and cerebellum, 35½ oz.

The accompanying plate shows three views of the brain before section.

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