been affected by *fin de siècle* conditions of existence, would be difficult to say. To me, at least, the former appears the more rational view.

I am indebted to Dr. Murdoch, the Superintendent of the Berks County Asylum, for permission to publish this case.

Notes on a Case of Ataxic Insanity. By JAS. VINCENT BLACHFORD, M.B., Assistant Medical Officer, Bristol City Asylum.

A. T., 44, single, optician. Admitted Feb. 1, 1894. He had cut his throat eight days before, and had been under treatment in the Bristol Infirmary up to the day of his admission. No history of insanity, phthisis, or intemperance in the family could be obtained. He had always been an excitable, nervous man, and had contracted syphilis some years previously. He was said to have been temperate as regards alcohol, but to have lived a fast life.

On admission patient was a thin, straight-featured, refined-looking man, hair dark and scanty, eyes grey.

Thoracia and abdominal organs apparently healthy.

Tongue protruded straight, steady, rather large and flabby, but clean.

Sight and hearing apparently good.

Pupils equal, react to accommodation, but not to light.

Plantar reflexes very slight, probably diminished.

Knee-jerks absent.

No ankle or patellar clonus.

Gait ataxic. Patient turned round with difficulty, and could not stand with eyes shut.

Arms and hands not ataxic.

Complained that his feet felt numb.

Mentally.—Was very depressed; said that he had cut his throat because it was stopped up, and he was afraid that he would be unable to swallow, and would be miserable for the rest of his life; also that he saw faces about him and on the walls.

Feb. 2.—The day after his admission he was slightly convulsed, but soon recovered, and was afterwards very weak.

Feb. 4.—Was somewhat stronger.

Feb. 7.—Complained that everything he took turned to acid on his stomach and caused him pain.

Feb. 8.—Urine tested. No albumen; no sugar.

Feb. 19.—Said he could not swallow, and that his throat was stopped up; when compelled to, however, he swallowed his food, and did not bring it back, although he tried to.

Patient continued in an extremely depressed state, taking no in-

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terest in anything, and always saying that he should die, and should never be any better in this world, till *March* 12, when he had a convulsion at 4 a.m., and passed his water in the bed; he was again convulsed from 6.30 to 7 a.m.

March 14.—Had become conscious, though very weak; was very incoherent, and full of delusions about his inside.

March 16.—Hands were becoming ataxic.

March 18.—Was suddenly convulsed and lost consciousness; after the fit had passed off he did not regain consciousness, and his muscles kept constantly twitching, the convulsion and twitching affecting his left side only, namely, the arm and neck, the leg not being affected.

March 19.—Was reported to have been convulsed five times during the night.

March 21.—Patient was still unconscious, and had been constantly convulsed at short intervals, the convulsions being strictly limited to the left side, the leg being now also involved. During the intervals between the attacks he was able to swallow liquid nourishment when placed in his mouth. Pulse 122; very weak; pupils equal; contracted.

March 28.—Patient died at 6.20 p.m., never having completely regained consciousness since the 18th. Since that date he had been constantly convulsed on the left side, having had altogether 269 attacks.

At the post-mortem examination on March 30th the following appearances were found:—

Scull cap thin.

About two-and-a-half ounces of fluid in subarachnoid space.

Brain weighed 54 ounces. There was slight atheroma of vessels at base. Membranes were congested, and œdematous on the motor areas of both sides.

Pia mater stripped easily.

Substance fairly firm. Slightly congested.

Choroid plexus congested.

Ganglia at base apparently normal.

The cord was unfortunately spoilt in the process of hardening, but several sections of the right ascending frontal convolution at its upper part were made.

On examining these microscopically a great part of the superficial layer of the cortex appears to have been washed away, but in that which remained were seen numerous colloid bodies, and also a large number of spider cells.

The former were confined to the superficial layer; the latter were scattered throughout all the layers.

Some of the motor cells were very feebly stained, and contained large masses of pigment. The vessels of the cortex did not appear to be increased in number, nor did the number of the perivascular nuclei appear appreciably in excess.

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I have examined the records of all the cases dying since 1890, and can only find one other with similar symptoms. The following is briefly his case:—

E. T., 44, married, clerk. Admitted October, 1889. Died August, 1891. Two years before his admission patient suffered with lightning pains and an ataxic gait; the ataxy had gradually increased up to the date of his admission.

On admission ankle clonus, cremasteric reflex, and patellar reflexes were absent.

Localization of objects was defective.

He could not stand with his eyes shut, and had the characteristic walk of locomotor ataxy.

Mentally was very depressed, refused most of his food, and later on thought he had the plague.

He gradually got worse, always being depressed and having recurrent attacks of the lightning pains. He died suddenly on August 8th, 1891, twenty-two months after his admission.

At the post-mortem examination the pia mater was found to be thickened and its vessels congested, but it stripped easily from the cortex.

The brain substance was soft and friable.

Weight of brain 49½oz.

Remarks.—This case is an instance of the difficulty occasionally felt of clearly differentiating the mental symptoms occurring in some cases of locomotor ataxy and those in general paralysis. From the fact of the bulbar implication in both of these diseases there is a tendency when the former affection is present to ally the mental symptoms to general paralysis.

The question arises as to whether this was a case of general paralysis, with ataxic symptoms, or of locomotor ataxy, with mental symptoms.

In favour of the latter it may be urged that all the physical symptoms were those of typical locomotor ataxy. The feeling of constriction in the throat and acid sensation in the stomach was probably due to pharyngeal and gastric crises.

Then there were the early and permanent loss of knee-jerks, the ataxic gait, feeling of numbness in the feet, and Argyll Robertson pupils. These occurring in the same subject, and remaining permanent, were very strong evidence of locomotor ataxy.

On the other hand, the rapidity of the course and the mode of termination in convulsions were symptoms which

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are not, as a rule, met with in ordinary locomotor, and were more in favour of general paralysis.

The very rarity of such cases opens the question as to whether they may not be coincidences of the two diseases in the same subject; the exalted ideas and happiness of the general paralytic being clouded and rendered melancholic by reason of his physical sufferings.

If it is, indeed, a case of locomotor ataxy, with mental symptoms, it must be of a more acute type than usually occurs.

If, on the other hand, it is general paralysis with ataxic symptoms, it must be considered as one of those rare cases which Dr. Bevan Lewis describes as "bearing testimony by its clinical history to the clear alliance (if not identity) of the morbid process underlying tabes dorsalis and general paralysis."

Notes of a Case of Removal of Foreign Bodies from the Vagina. By W. Russell Strapp, M.B., Assistant Medical Officer, Inverness District Asylum.

The following notes of a case of insertion of foreign bodies into the vagina may be of some interest to the readers of this Journal, chiefly on account of their long existence there, and of the comparatively slight local or constitutional effect produced thereby.

M. D., æt. 51, was admitted into the Inverness District Asylum on July 7th, 1875, suffering from mania, with delusions of suspicion, and from these conditions she still suffers, though to a less marked degree. In addition she seems to have directed her attention specially to her genital organs, while many of her ideas and much of her language was more or less of an erotic nature.

Until three years ago, her bodily health was excellent. In May, 1892, she suffered from leucorrhœa, for which she was treated *secundem artem* with but little success. In November, 1892, this still continued, and in May, 1893, she was suffering from a peculiarly offensive and profuse vaginal discharge, then reported to have been caused by patient forcing a foreign body, said to be a candle-extinguisher, into her vagina. The woman herself seems to have admitted this, and remembered both the time and order of insertion of the various foreign bodies. In May, 1893, attempts were made to ascertain definitely the true state of matters, but all failed owing to the difficulties met with from firm fibrous

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