CLINICAL NOTES AND CASES.

A Case of Tumour of the Brain. By FLETCHER BEACH, M.B., F.R.C.P., formerly Medical Superintendent, Darenth Asylum.

A. T., aged six years, was admitted into Darenth Asylum, October 26th, 1882, with the following history:—The patient was born at full time, but his mother had a difficult labour and instruments were required. At birth, the head was misshapen, and about a month afterwards a lump the size of a walnut formed, which was tapped twice and a small quantity of fluid withdrawn. When two years old he was run over, and afterwards the lump increased in size; it was tapped several times, clear fluid being drawn off. After the accident he was insensible for six hours, and on consciousness being restored, he was found to have lost the use of his right arm, the use of which has never returned. Afterwards he had fits, which have continued ever since. When five years old he would stand on his head and laugh and dance. Lately he has been strange in his manner, sometimes being noisy and boisterous, at others morose and depressed. The mental deficiency for which he was admitted is supposed to be due to the use of instruments at his birth, and to his being run over.

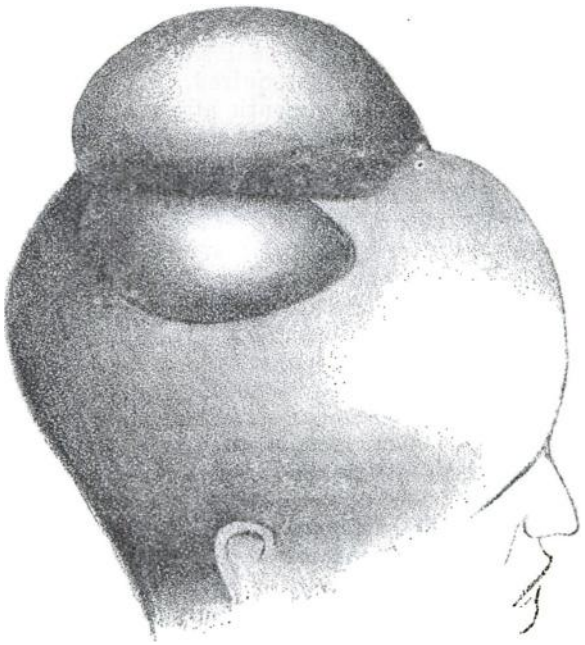
I may here say that from histories which I have obtained, I find that the use of instruments is a much less frequent cause of idiocy and imbecility than tedious labour. Prolonged labour and asphyxia of the child are fairly common causes, and both of them were present in this case.

The father had died of phthisis, and there was a history of paralysis in the family. The parents had both been temperate and were not connected by consanguinity. This was the third child. Of the two elder children, one suffered from spinal disease, the other was healthy. Three younger children had died of bronchitis.

On admission A. T. was found to be a well-nourished boy, of fair complexion, with irregular contour of head caused by a tumour. It was two-lobed, large, smooth and globular, giving an elastic resistancy to pressure, and apparently contained fluid. The scalp covering it was overgrown with hair. At all parts it came by its base in direct continuity

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with the cranial bones, except at a part corresponding to the upper margin of the left frontal bone, where there was felt a soft depression, about ½ inch in width by 1 inch in length, between the bony margin, which was very distinctly felt, and the base of the tumour. One lobe was larger than the other, the right measuring 4 inches and the left 7 inches antero-posteriorly. At the posterior margin in the median line there was a receding portion, into which the



Tumour of Brain (Drawing reduced to half size), Dr. Fletcher Beach.

tip of a finger would fit. The cranial surface was irregular and lumpy.

The head was of fair size, measuring in circumference 20 inches; width of forehead 3¾ inches. There was bulging of the right side of the nose, nearly occluding the anterior nares. The gait was awkward and weak, there being stiffness of the right leg and right talipes equinus. There was paresis of the right arm with wrist drop, fingers flexed at varying angles and thumb usually folded into the palm. His speech was slow but good, though he sometimes forgot what he was about to say. The pulse was normal. He

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suffered much from epileptic fits. He was vacant in appearance, though sometimes he would become bright and cheerful, at others bad-tempered. His mental capacity was small, and though his observation was good and imitation and attention fair, his memory was very defective. He could not read or write, but would spell two or three words, add 2 and 2, and count to 50.

In December, 1883, the tumour was again examined and the following measurements taken:—

Right lobe, antero-posteriorly, 5¼ in.; transversely, 3½ in.
Left lobe, „ „ 7 in.; „ 5½ in.
Line of junction between the two lobes antero-posteriorly, 5 in.

The right hand was usually firmly closed, with the index and middle fingers flexed tightly over the thumb. It was only occasionally and with very great effort that the patient could manage to open out the fingers of his right hand; he could do so with less effort by bringing his left hand into use. To all appearance he had no power whatever over the thumb of the right hand, though on two or three occasions, after long continued and very great effort, the thumb was seen to move from the palm of this hand. The right leg was now almost firmly flexed, but he was just able with effort to put the foot to the ground. The patellar reflex of this leg was but faintly marked. Epileptic fits still continued.

In January, 1884, the tumour was again examined, when the measurements were—

Right lobe, antero-posteriorly, 4⅞ in.; transversely, 2½ in.
Left lobe, „ „ 7 in.; „ 5¼ in.

The patient at this time was unable to put his foot to the ground. During the next twelve months he had repeated epileptic fits and he finally died exhausted after a series of them on January 30th, 1885.

The autopsy was made 24 hours after death. The body was fairly nourished, the right forearm contracted at right angles to the arm and the right leg drawn up. The swellings on the head, which formerly had a division between them, had now merged into one, and the depression between them no longer existed. The tumour measured across its widest part 6¼ inches—the left, larger portion, measured 6¼ inches antero-posteriorly, and the right, smaller part, 3 inches in the same direction.

The scalp was carefully dissected from the tumour, to

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which it was very adherent, and on cutting into it it was found to be filled with reddish brown material of cheesy consistence. The tumour overlapped the calvaria, to which it was attached by a whitish substance of almost cartilaginous hardness, and anteriorly was connected with the brain through a hole in the skull, the size of a half-crown piece, but oval in shape. Depressions in the convex surface of the skull could be plainly seen, corresponding with the size, shape, and position of the tumour. The brain was put aside in spirit to preserve it for further examination, but unfortunately, owing to pressure of work, was neglected, so that I am unable to state the nature of the tumour. Although the case is thus incomplete, yet I have thought it sufficiently rare to place on record.

A Case of Mental Stupor: Recovery after Six Years' Duration.

By R. D. Hotchkis, M.A., M.B., Assistant Physician, Royal Asylum, Gartnavel, Glasgow.

P. M., belonging to the City Parish, was admitted into the Glasgow Royal Asylum on 19th January, 1888, aged 38, married, an iron grinder.

Past History.—Unimportant. He has always been a sober man, of cheerful disposition, and fond of reading. He is a Roman Catholic, and regular in religious duties.

Family History.—No hereditary predisposition known.

Present Illness.—This began three weeks ago, and dates from the New Year holidays. During that time there were a great many religious meetings in connection with the Pope's jubilee, and he devoted his whole time to them. Thereafter he became dull and depressed, and would hardly speak except on religious subjects. He also neglected his home and his personal appearance, and began to spend money recklessly. At the end of the holidays he refused to go back to work, giving as his reason that God would provide for his family. If left undisturbed he would pray for hours at a time.

On admission he was depressed, and would not answer a single question. In appearance he is a slightly built man, in an apparently reduced condition. His heart and lungs are normal, as are also the reflexes.

About five days after admission he began to answer questions freely and fairly sensibly. His reason for not speaking before was that though he knew what was said to him he had not power to answer, though willing enough to do so.

February 26th, 1888.—For the last month he has been talking and acting rather foolishly. One night he got out of bed and

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