On admission he was thin and delicate-looking, noisy, restless, and destructive. He complained of pain in his head, over the region of the blow.

Ten days after admission he became more quiet and tidy, amused himself with cricket and reading.

From this time he rapidly improved, and was discharged within two months of his entrance to the Hospital, apparently as well as ever, with no mental loss of any kind.

In this case we have a strong inherited taint, and a patient who will probably break down again from other causes. But the insanity following so soon after the blow, I think one is justified in considering it the cause of this attack. The form of insanity following a blow may be of almost any kind, and it seems to depend to a great extent on whether it is the real cause or only the exciting cause, as in this instance. In the former the prospect of recovery is not nearly so good as in the latter.

This case, again, is of interest from the recovery occurring so rapidly in a young case.

One, of course, looks upon all attacks of insanity in very young persons as unfavourable, and the number of cases of weakmindedness produced by injury to the head in early life is well known. Taking the whole circumstances, I think the case worthy of record.

Case II.

Insanity following Marriage.

Frederick H., married, 26, a constable. Family history very good; both parents living, and all his brothers and sisters healthy. He had been very sober, industrious, and well-behaved. He is a very powerfully-built man, of six feet in height. He had no shocks, injuries to the head, or cause for anxiety. He had been married five weeks.

Two days before admission he became restless and suspicious at night. He heard voices, and thought they doubted if he were married, and took his marriage certificate to the police-station to show to people.

He became violent, fancied thieves were in the house, and rushed up and down stairs after them, and attempted to jump out of window. He accused his wife and his brother of stealing and receiving stolen property.

He stripped himself naked. He said himself he could not sleep in consequence of the noise made by electric batteries.

On admission he was physically weak, unsteady in his gait, had some hesitation in his speech; widely dilated pupils, a soft, sweating skin, and compressible pulse. He was restless and suspicious, full of

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ideas that he or his were accused of theft. He had hallucinations of hearing and almost certainly of sight. He still fancied the batteries were at work in his bedroom.

He was allowed to spend most of his time out of doors, in the airing court, and had nourishing diet. He gradually became more calm, ate well, and slept better, but his delusions persisted, and the tremulousness of his facial muscles was still well marked.

A month after admission he was losing some of his delusions, and was employed in the gardens.

He was anxious to get home, but his desires were very strongly sexual.

He was discharged on leave six weeks after his admission, and is keeping well, and was finally discharged.

There are several points of interest in his case.

We more often see cases following marriage in the male sex, though I have seen at least one follow marriage in a woman; and we have a still more remarkable case in Bethlem, with the history that she is the third wife of one man who all became insane after marriage. The case under observation was markedly one of great exhaustion, and had the symptoms of unstable nervous equilibrium, such as are seen in so many sexual cases, such as cases of masturbation and the like.

At least, in early cases of exhaustion hallucinations are very common.

Cases following marriage have occurred to me in three distinct forms, the most common such as the one above narrated—cases of great exhaustion, with restless suspicion, generally very sleepless and violent.

Others—and we have one now under observation—were on the borderland of insanity before marriage, and the extra excitement rapidly produced insanity; and, thirdly, cases in which some physical cause prevented consummation. In this latter case we get delusional insanity, hypochondriacal melancholy, and in one case epilepsy. The prognosis is best, of course, in the first class of cases, but they are cases that one fears for the ultimate result with return to home life.

Dr. Maudsley is a great supporter of the idea that sexual excess is the chief factor in general paralysis, and the similarity of the symptoms is very striking; but this can also be said of alcohol with equal truth, and though I am quite in agreement with Dr. Maudsley that some cases of general paralysis are due to sexual excess, I would not put down a majority of those I have seen to that cause.

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