Business worry and anxiety abroad, were said to be the causes of his insanity.

He believed it was revealed to him that he must commit murder.

Progress.—He slowly improved, and became useful in the gardens, but when he saw his friends the old ideas returned that he must murder them.

He confessed that he had no confidence in himself. At times he was distinctly melancholy for weeks together. About 18 months after admission he refused food, became suicidal, and refused to dress himself. He soon recovered from this attack.

He was made a Chancery case, and though he was quiet and well-behaved, both the resident physician and the visitors did not consider him free from the desire to injure his wife.

In the hospital the only thing noticeable was some tremulousness of facial muscles and constant restlessness.

Neither of these symptoms were of much importance, but his wife and family, whom he saw at intervals, did not consider him free from his delusions, and he himself was wanting in confidence.

He appeared to have quietly settled into his position as an incurable patient at Bethlem, till, in 1878, his wife became ill and died. He then expressed a desire to be allowed to go home, and this trial proving satisfactory, a "*supersedeas*" was applied for and obtained, and he is now at large, and as well and active as possible.

About three years after admission, he still said he was sure he should kill his wife if allowed to go home, and throughout his long stay in Bethlem, the various physicians under whose care he was, could not decide that he was of sound mind with sufficient power of self-control to be trusted at large.

OCCASIONAL NOTES OF THE QUARTER.

Insanity associated with an Abscess connected with the Ear; cured by opening the Abscess. By W. Rhys Williams, M.D., late Resident Physician, Bethlem Hospital.

For the notes on this case I am indebted to my colleague, Dr. Savage.

Charles D. C., twenty-six, married. No insane relations. Has enjoyed good health. Industrious and sober. Thirteen days before admission he became depressed, and rambling in his conversation. In a few days he became excited, noisy, violent, and incoherent. He believed he was firing rockets at Edinburgh Castle. He was continually swearing and screaming out violent language, said he saw devils, and believed that all his actions were influenced by electricity. He was noisy and sleepless at night.

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On admission, February 24th, 1876, he was violent and noisy; in a few days he became quiet, but was very sullen, refusing to answer questions. A fortnight after admission he was again excited, talking to himself incoherently, and striking attitudes. General health good, but he was sallow and thin. In November we noticed that he had a profuse purulent discharge from the left ear. He said he had had this for months past. Hearing seemed unaffected; slowly a large puffy swelling formed over left mastoid process, and spread up over squamous portion of temporal. On pressing this the discharge ran freely from the meatus. The swelling steadily increased for a month, but the patient was sullen and dangerous, and would not allow any one to examine him. He had not been noisy after the first ten days in the hospital, but was very insane, keeping to himself and fancying we wanted to influence or injure him. He was abusive at times.

On December 13th, the abscess was opened under ether spray, and he became sane at once. No further discharge took place from the ear.

A fortnight later, under chloroform, a free incision and careful exploration were made. No cause for the discharge was found.

On January 29th a second exploration was made because of the wounds having healed, and there being no discharge from the ear. He complained of severe frontal headache and general malaise.

Mr. Wagstaffe had operated on all these occasions, and has kindly supplied his notes. From this time the wounds steadily healed, and the patient improved in every way, and after watching him for six weeks we discharged him well.

The first opening of this abscess was simply at the most dependent point about three inches below the mastoid process, and behind the sterno-mastoid, and owing to the patient being troublesome it was impossible to examine carefully through the incision by a probe.

The second operation, January 9th, was undertaken because the lower wound had a tendency to close, and it was evident that the main part of the abscess was in relation to the mastoid process, and might be due to some moveable sequestrum. An incision was made, under chloroform, behind and below the mastoid process, and therefore through part of the attachment of the sterno-mastoid. When this had been enlarged sufficiently to admit the finger, it was found that the abscess cavity passed backwards and downwards for fully two inches under the sterno-mastoid, and inwards along the base of the skull for apparently about an inch beyond the mastoid process, while forwards it also extended about an inch. It seemed to be limited, therefore,

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in front by the parotid, which was not affected as far as one could judge, and internally by the rectus lateralis and the internal jugular vein. No bare bone could be felt in any direction, nor could any be found in front of the mastoid by a probe. It appeared as if the abscess had arisen beneath the mastoid process, but from what source was not at all clear. The discharge from the ear points to the front of this process as the original seat of disease, and it was about this region that the greatest tenderness was at first experienced. There was no deafness resulting, and the mischief was apparently external to the position of the membrana tympani.

We have had several cases recently in Bethlem Hospital, in which mental symptoms have abated on the onset of acute maladies, or painful affections, especially when these have implicated cranial nerves. We also had a woman suffering from violent puerperal mania who recovered almost instantaneously on the opening of symmetrical abscesses in the calves. In the case now reported the interest is in the seat of the disease, and its near relation to the brain. We cannot say whether there was distinct propagation of inflammation to the brain, or, what is more probable, if there was merely some conducted disease along a cranial nerve.—*Lancet*, April 28th, 1877.

The Poet Keats.

London Hospital Medical Society.

At a meeting of the London Hospital Medical Society, held on January 10, 1879, at the house of Mr. Hutchinson, Cavendish Square, a very able and interesting paper was read by the host on the medical poet, Keats, which was followed by a lively discussion. The Poet's chief composition, "Endymion," was of course discussed by the essayist, who made various discriminative remarks upon its meaning. The question might have been asked whether Keats himself caught the psychological belief hidden in the ancient myth upon which this remarkable work of genius is founded? As no reference was made to this aspect of the question, we may say that Keats makes no allusion to the idea which we suggest underlies the fable. We beg to supply the omission. Every one knows that the Greeks regarded Selene as the cause of madness. It was under this influence Endymion

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