CLINICAL NOTES AND CASES.

An Unusually Heavy Brain in a General Paralytic. By T. W. McDowall, M.D.

The entire interest in this case lies in the brain weight, but it may be well to record the few known facts about his previous history, and to give a general outline of his condition whilst in the asylum.

A. T., æt. 48, single, engine-fitter; admitted 13th November, 1884. He had been for three months in a workhouse, but was sent to this asylum because he was restless at night and troublesome to his neighbours. As to his previous life-history very little is known. He is reported to have been a hard-worker, a very hard-drinker, and given to sexual excesses. His sister is stated to have been insane, and to have committed suicide.

When admitted he was only the wreck of a once powerfully built man of about the average stature. He was fairly nourished, with florid complexion. The size and shape of his head at once attracted attention. It was a typical dolicocephalic skull, not at all deformed or suggestive of previous hydrocephalus, but of most unusual size. Irides blue, pupils slightly unequal. Appetite good; tongue large and pale. Pulse 60; temp. 97·8. Nothing abnormal in thorax and abdomen.

During examination he lay quietly in bed, but talked incessantly to himself; what he said was incomprehensible nonsense, and typical delusions were not detected. His attention was with difficulty arrested and kept; indeed, he was too demented to understand much of what was said to him, and too busy with his own ideas to pay much attention. There was marked fibrillary tremor of the muscles of the tongue and face. His voice was thick and very tremulous. When the patient was out of bed he was markedly unsteady in his gait, so much so that considerable anxiety was felt lest he should fall and injure himself.

Little need be said about the progress of the case: it was steadily and rapidly from bad to worse. From the first it was occasionally necessary to allow him to lie in bed on account of his restlessness and to prevent injury. He seemed quite unconscious of his bodily feebleness: he smiled when spoken to, somewhat as a half-drunken man does; was delighted if grand ideas were suggested to him; and night and day he often tossed his mattress about in search of gold. In a short time he was too feeble to stand unsupported; indeed, about 10 days after admission he seemed to have a congestive attack, which permanently damaged the right side. Progress downwards

https://doi.org/10.1192/bjp.31.136.498 Published online by Cambridge University Press

was rapid; bed-sores appeared, and he died on the 23rd December. For a few days before death it was suspected that he could not see. This was probably true, as the post-mortem examination disclosed such an unusual amount of fluid in the head.

The above is a brief abstract of the notes of this case, which, beyond the brain weight, presents no feature of interest. It was an ordinary one of general paralysis in the beginning of the last stage, and it failed to pass through the usual phases by being cut short through the excessive accumulation of fluid in the cranial cavity.

The following are the post-mortem notes, slightly abbreviated :—

Head.—The skull of unusual size, decidedly thickened and dense. Skull-cap firmly adherent to dura mater; dura mater adherent to pia mater here and there. Eleven ounces (by measure) of fluid escaped during removal. The membranes over upper and lateral surfaces so thickened, swollen, and opaque that the convolutions are invisible. This condition of the membranes is continued along the Sylvian fissure. Brain in ordinary state, =61 oz.; drained of all sub-arachnoid fluid, =58 oz. The convolutions are everywhere much atrophied; sub-arachnoid effusion abundant in usual places. Vessels at base distinctly atheromatous; the chief branches in same state. On section: Grey matter pale and shallow; the ventricles very large; the lining membrane markedly granular. No trace of softening or clot.

The notes relating to the viscera are of no interest.

This brain is the heaviest I ever saw, and may be compared with the weights given in most text-books of anatomy, in Clapham's papers on "Brain Weight in the Insane," and elsewhere. The 11oz. of fluid which escaped during removal without doubt represented some ounces of brain tissue. If, therefore, we add, say half, 5½oz., as representing the tissue lost during the progress of the brain atrophy, we arrive at 66½oz.—perhaps the heaviest brain weight ever recorded.

Two Cases of Melancholia. By Alex. Patton, M.B., Farnham House, Finglas. (See "Notes and News.")

I desire to place on record two cases of melancholia, in which the exciting cause of the disease under which each laboured being the same, the progress and termination differed very widely.

I.

The first is the case of a married lady, R. L., æt. 32, mother of four children—a healthy, active woman, of quiet domestic habits, who, from some unexplained cause, had the misfortune to suffer in her last

https://doi.org/10.1192/bjp.31.136.498 Published online by Cambridge University Press