another patient or a nurse to show the patient that he can now be understood. The following day the same process is repeated, and as a rule the man will talk freely after the third day. The method of suddenly squeezing the abdominal wall has already been described in a French journal, but I have lost the reference.

Deafness is also dealt with on simple, common-sense lines. The patient is seated in a chair and holds a small mirror in his hand. I stand behind the man and instruct him to look at my eyes reflected in the mirror. After a suitable interview a sudden noise is made without any movement on my part. The patient will blink and the mirror will render him conscious that he has moved his eyelids. He is also conscious that the movement is a proof that he can hear. The whole performance is simplicity itself, and it appeals to the man's common sense and he is convinced, against his inclination in some cases.

In both these simple methods the principal agents are common sense and re-education. Lip-reading and the deaf and dumb alphabet should never be allowed.

Clinical Notes and Cases.

A Case of Porencephaly. By H. E. BOND, M.D., Dip.Psych.Med. (Cantab.), L.R.C.P. and S.(Edin.).

THE subject of this paper, R. I. M—, was admitted into the Jamaica Government Lunatic Asylum on April 13th, 1914, with a history of epilepsy. She was a well-developed woman, æt. 37, with a right-sided hemiplegia; the right upper limb was flexed at the elbow, wrist, and finger-joints, a very limited range of movement being left. The muscles of the limb were quite wasted. The lower right limb was equally affected as regards wasting and limitation of movement. She could neither spit nor whistle, and saliva was continually dribbling from her mouth. She was suicidal but not dangerous. Previous history: There was no instrumental delivery at birth. She started to have fits when sixteen months old. The paralysis was noticed at that time, and she attended school for a period, but, owing to the severity of the fits, had to be taken away. No one of her relatives had been insane.

During her stay in this institution she had fits periodically and suffered from recurrent attacks of pellagra. Apart from these she enjoyed fairly good health. For six months prior to her death there was a complete absence of fits, but she, however, gradually began to get very thin and emaciated, and had to be confined to bed up to the day of her death—September 2nd last.

Post-mortem examination revealed the following: The skull was very

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thick, dense, and heavy; the dura mater thickened, fibrous, but not adherent to the calvarium; the pia-arachnoid opaque and œdematous; brain, there was a notable disproportion between the two sides; right hemisphere, simple convolutional pattern, congested, no wasting; left hemisphere, simple convolutional pattern, pale, general wasting; section, from the anterior to the posterior pole there was a well-marked cavity containing straw-coloured fluid which was not turbid. When the fluid was let out the cavity was smooth, there being a complete absence of the basal ganglia or any other vestige of brain matter. Lying across the floor of the cavity were remnants of the choroid plexus. There was an excess of cerebro-spinal fluid. The brain weighed 895 grm. Examination of the cerebellum, pons, and medulla showed nothing abnormal. No morbid changes calling for special note were found in any of the other viscera.

For permission to publish particulars of this case I am indebted to Dr. D. J. Williams, Medical Superintendent.

Some Notes on the Case and Post-mortem Examination of a Microcephalic Idiot—Absence of Corpus Callosum. By G. N. BARTLETT, Medical Superintendent, Exeter City Asylum.

E. G—, a female, was admitted in October, 1904, æt. 14.

Her general development and stature were much below normal, her height being recorded as 4 ft. 6½ in., her weight 5 st. 2 lb., the circumference of the head 18 in., and the other cranial measurements as correspondingly small. Her vocabulary consisted of a few words and phrases and some bad language, and her speech was a very indistinct drawl. Her movements were clumsy, and her gait a shuffle but stable enough to allow her to knock another patient down. She had a double squint and was more than usually degenerate and repulsive in appearance, especially as facial contortions were common, and the mouth usually open and dribbling. She proved herself uneducable, even as regards her personal habits, and quite dependent, and in a short description her uncontrollable temper only need be mentioned; an exhibition of screaming, swearing, kicking, biting, scratching was forthcoming on the slightest provocation. Her habits were very dirty and destructive, and her table manners were repulsive.

In 1909, ulceration at the angle of the mouth was recorded and regarded as syphilitic, but there was no amelioration under prolonged treatment. She was always thin and anæmic, and subject to digestive troubles due mainly to her habit of bolting food. Suspicions of tuberculosis of the lungs and lesions of the spinal cord, aroused from time to time by her condition, were dispelled by negative examinations, and there was no apparent change in her movements and powers of

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