ascending frontal convolution downwards and external to the optic thalamus.

The basal ganglia were atrophied, this feature being more marked in the optic thalamus. The opposite cerebellar lobe (the right) was considerably reduced in size, doubtless due to degeneration of crossed connecting fibres passing between the base of the cerebrum and the cerebellum through the superior peduncles. Examination of the crura, pons, and medulla showed diminution of the pyramidal tract of the left side.

The first of the accompanying photographs shows the external aspect of the left cerebral hemisphere after the fluid had been allowed to escape, and the pia arachnoid removed, the relationship of the parts being, however, preserved. The blood-vessels are shown crossing the space, while in the background is the partition separating it from the lateral ventricle.

The second photograph, which gives an anterior view of the cerebrum, illustrates the difference in size between the two hemispheres after the cyst had been allowed to collapse.

Reference to Fig. 1 shows that the area involved closely corresponds to the distribution of the middle cerebral artery, and this appears to support the view that vascular occlusion is the cause of most of such cases.

Congenital Malformation of the Ear. By HUGH KERR, M.A., M.B., C.M.Glasg., Assist. Med. Officer, Bucks County Asylum.

THE patient who is the subject of this deformity is a female, single, æt. 25. She was admitted into the Bucks County Asylum on 23rd March, 1899, suffering from an attack of acute mania of one week's duration. She had been employed as a domestic servant in London, where she had to work very long hours. Three weeks before admission she returned to her home in Buckingham, and a week before being admitted she became acutely maniacal, noisy, and violent; was suicidal, and tried to jump through a window; had hallucinations of sight. One assigned cause of the attack was "over-work," another was well-marked hereditary predisposition to insanity. Her father's sister was an epileptic, and died insane in an asylum. Her

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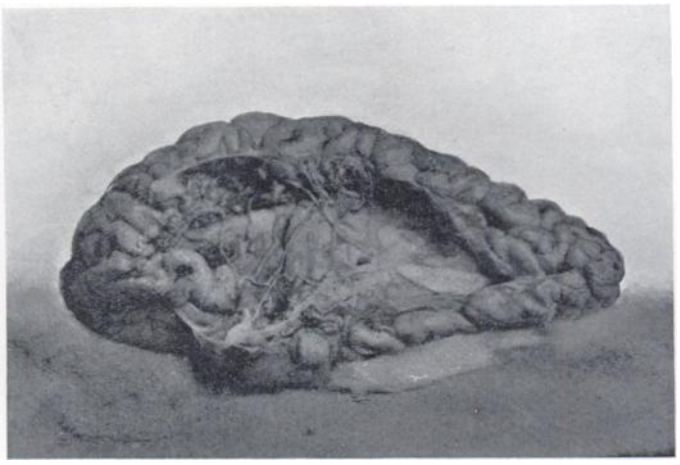


FIG. 1.

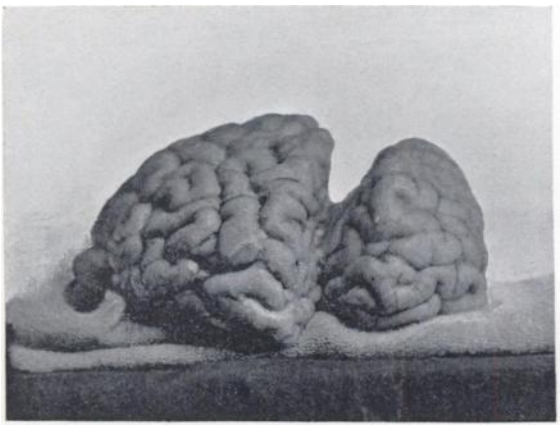


FIG. 2.

To illustrate Dr. EDGERLEY'S Case.

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https://doi.org/10.1192/bjp.45.190.564 Published online by Cambridge University Press

grandfather (maternal) is at present a patient in this asylum, having been admitted in October, 1898, at the age of seventy-nine, suffering from senile dementia of a year's duration. The patient is the eldest of a family of seven, two sons and five daughters; none of these show any malformation, and are all in good health, bodily and mental.

The patient, on admission, was very excited, irrational, and somewhat incoherent; had delusions of persecution, that she was followed and would be injured, and visual hallucinations, saying she could see her father, who has been dead for some years. She was very restless, pulling out her hair, and at times very emotional, crying, &c.

Her bodily condition was fairly good, and there were no signs of organic disease. In the course of a few days she was free from excitement and more rational, although still confused in her ideas, emotional and readily upset.

On the 29th March she was feverish (temp. 101·8°) and had a bright red rash, involving the whole of the cutaneous surface, more marked on face and upper extremities; the conjunctivæ were congested, and she had some cough and bronchial catarrh. The rash had quite disappeared on the fifth day and the temperature and pulse were normal, the attack being evidently of the nature of "epidemic roseola." The source of the contagion was not traced. She was now quiet and rational, and so she continues, having apparently recovered her normal mental condition.



Left Ear.



Right Ear.

The interesting feature in her case is the existence of the congenital malformation of the right ear. The only parts of the external ear represented are the lobule, the tragus, and the antitragus. The lobule is about normal in size and appearance,

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but has a forward tilt; at its upper end it merges obliquely into the skin; at the upper and anterior part a small piece of cartilage can be felt corresponding to the antitragus. The tragus itself is smaller than usual. The external auditory meatus is represented by a narrow opening or canal in the nature of a cul-de-sac, which just admits an ordinary probe for a distance of three eighths of an inch. The whole ear is freely moveable with the skin.

The left ear appears well formed, and with it she hears very well; on the right side she is completely deaf.

The existence of various abnormalities and malformations of the ear in patients with congenital mental defect, and in cases of acquired insanity, has been frequently observed and noted. The present instance of arrested development is of peculiar interest, occurring as it does in a patient with pronounced insane heredity in both paternal and maternal lines, and who has herself, at the early age of twenty-five, become the subject of an attack of insanity.

Occasional Notes.

The Lunacy Bill.

THE Lunacy Bill of the present session has passed the House of Lords, and has now reached the Commons. It is practically the bill as amended last year, but with a varied pension clause, and a new clause for dealing with incipient unconfirmed insanity. The pensions clause in the present bill disappeared in its progress through the House of Lords, through the opposition principally emanating from the County Councils Association. The chief argument used was that these bodies object to be bound by Act of Parliament to give pensions. Another objection was based on the fact that in Yorkshire the county councils had decided not to give pensions, but had arranged to give larger pay; although the increase cannot be regarded as at all adequate. The clause, however, was so unsatisfactory, providing only for a pension of one sixtieth, and even this practically dependent on the favourable report of the Asylums Committee, that only

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