being nearly connected with the psychiatric pavilion, and under the care of the same physician.

The pavilion seems, in fact, to have been a benefit, because asylums still inspire a great many people with horror and fear, while patients and relatives, as well as doctors, seldom hesitate to make use of the insane ward of the Commune Hospital, in the hope that the patient will soon recover, knowing that he will here at once be placed under rational treatment, which so often greatly improves the prognosis.

The adding of the pavilion as an integral part of a hospital for general somatic diseases has influenced public opinion in modern and scientific direction, and done away with much of the mysticism which too often, in the public mind, clings to mental disorders. The usefulness and saving of time for students and doctors in having the pavilion within the grounds of the hospital will be apparent to all.

On the whole, this system may be said to have secured these several evident advantages to the public of Copenhagen, without any apparent disadvantages to the hospital as a whole, during the thirty-nine years of its existence.

No doubt a small institution annexed to a general hospital cannot command the same accommodation as a large asylum designed for the treatment of the insane in every direction. And, of course, the clinical material does not represent the whole complex of insanity, so that cases have to be followed out to their termination in the asylums of the country. On the other hand, many forms of insanity, constantly changing or evanescent, are brought under notice in a way that is otherwise impossible, and, as has been said, of the highest value to the medical profession and the public generally.

Clinical Notes and Cases.

Calcification of the Pericardium. By FRANCIS O. SIMPSON, L.R.C.P.Lond., M.R.C.S.Eng., Senior Assistant Medical Officer, Rainhill Asylum.[1]

ADVANCED calcification of the pericardium is a condition that is rarely met with in autopsies conducted upon the insane,

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and some points in the following case seem to render it worthy of being recorded.

The patient was a male æt. 61, by occupation a gardener, and the mental condition was of twelve months' duration. He was admitted to Rainhill Asylum on May 13th, 1898, suffering from acute melancholia, and the cause of his attack was business troubles. His habits were said to have been temperate, but he was subject to attacks of vomiting in the morning, beyond which there was nothing special in the history.

He cut his throat before coming to Rainhill, and upon reception was profoundly depressed and actively suicidal. He was the subject of auditory hallucinations, and thought he could hear people telling him to prepare for burial, as it was his last day; he also imagined that he had been brought to the asylum to be shot. There was a recent self-inflicted wound of the throat which healed rapidly, and, his mental condition likewise improving, he was fit to be allowed to work in the garden by July 17th, 1898.

Exactly a week later (July 24th) he relapsed suddenly, and again attempted suicide by driving an iron spike into his forehead. He held the point of the spike against the skin and hit the blunt end against a wall with his cranium. Only superficial wounds were inflicted, and they were practically all healed by July 31st.

From this time until September 13th, 1899, he remained in much the same depressed and unhappy state, retaining all his delusions of persecution and auditory hallucinations. During the latter months of this period he was noticed to be deteriorating physically, and upon examination was found to be suffering from advanced cardiac hypertrophy and dilatation with a mitral regurgitant bruit, the sounds being faint and distant at the apex and inaudible elsewhere. He was also noticed to have an enlarged lymphatic gland in the left groin, which in some respects simulated a small hernia of the omentum.

During the last two days of his life he had a return of the vomiting noted prior to his admission, and the question of rupture was then raised, but fortunately was enabled to be negatived. The idea of an exploratory operation under an anæsthetic was discussed, but was thought to be contra-indicated on account of the heart trouble. He died on September 26th, 1899, from heart failure.

Post-mortem.—An autopsy was performed forty hours after death, the weather being cool and wet. An enlarged lymphatic gland was present in the left inguinal region, the increase being apparently due to simple adenitis. The costal cartilages were everywhere ossified. The left pleura was universally adherent to the chest wall and considerably thickened. Both lungs were congested posteriorly; the right weighed 15 and the left 16 oz. The pericardial sac was entirely obliterated and the membrane enormously thickened. The heart weighed 19½ oz. with its adherent pericardium, and it was impossible to open it in the ordinary way from the presence of thick and very calcareous plates which had been formed in the pericardium. By means of a large pair of bone forceps an entry was at length effected, when the myocardium was found to be every-

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where in a state of advanced fatty degeneration, and the organ much hypertrophied with all its cavities dilated. The right side contained much *ante-* and *post-mortem* clot, and the whole of the valves were markedly incompetent. Those of the pulmonary artery and aorta were greatly thickened and calcified, the tricuspid and mitral thickened and very rough. The mitral orifice admitted five fingers with ease, and the tricuspid four fingers. The aorta was in an advanced condition of atheroma. The liver weighed 40 oz. and was rather congested, and the spleen appeared fairly normal, scaling 3½ oz. The right kidney was 5½ and the left 6 oz. in weight; they seemed fairly healthy. The brain weighed 1500 grms., and there were some adhesions between the dura and pia-arachnoid over the right motor area. The cerebral substance was soft and œdematous, but with the exception of cystic degeneration of the choroid plexuses, and some granulations of the ependyma in the left lateral ventricle, there was nothing worthy of note.

All the text-books agree as to the infrequency of calcification of the pericardium, and in connection with the present case the following points seem deserving of special note, viz.:

1. The extensive affection of the organ, which had occurred, as far as could be ascertained, without any serious illness being noted by his relatives, or his occupation as a gardener being interrupted. The condition was of very old standing, and it could not have originated during his sixteen months' residence in the asylum.

2. The presence of vomiting during the last stage in association with a tumour of the left groin, in some respects simulating an omental hernia.

3. The great difficulty amongst insane patients suffering from cardiac disease in selecting suitable cases for operation, the physical signs being often much obscured and their histories faulty and unreliable. In this case the administration of an anæsthetic would almost certainly have proved fatal.

(1) Read at the Northern and Midland Divisional Meeting at Shaftesbury House, April 16th, 1902.

Hæmatoma of the Cerebral Dura Mater (Pachymeningitis Interna Hæmorrhagica) associated with Hæmorrhage from the Colon.

By STEPHEN G. LONGWORTH, L.R.C.P.Irel., Senior Assistant Medical Officer of the Suffolk County Asylum.

AN unmarried female, æt. 56, was admitted into the Suffolk County Asylum on February 24th, 1902. Owing to

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