worthy of note that the adhesion of the pia mater to the convolutions is most marked in the frontal and parietal regions, a fact which supports the theory of localisation so far as it applies to motor centres.

The hypothesis of the psychical and motor functions being in such close relation also goes far to account for the frequent manifestation of motor symptoms in other forms of insanity.

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Traumatic Insanity.—Dr. Brower (*Chicago Medical Journal and Examiner*, December 1879) believes that the production of insanity by injury to the head probably depends less on the nature of the injury and its associated phenomena than on the inherent peculiarities of the individual. Fatal injury to the brain may result from sudden violence inflicted on the skull without injury to the cranial bones. Dr. Brower had under observation during the late rebellion “a case of gunshot-wound of the head, that in twenty days resulted in death, and post-mortem examination showed no injury to the cranial bones, but an abscess in the brain and associated meningitis and encephalitis. The case was one, doubtless, of contusion of the brain with solution of continuity of its constituent elements, and without injury to the bone, the skull undergoing change of form suddenly, and the cerebral substance offering less resistance than its bony covering, extravasation and laceration of brain-tissue ensued.” This author believes that if the connection between the injury and a criminal act is complete, “the history will show a neurophatic diathesis—will show that after the injury cephalgia was frequent, that the sleep was insufficient in quantity, or else disturbed by dreams; that after a time change was noticed in the emotional and then in the intellectual part of the mind; in rare cases both may occur simultaneously.”

Bullet-wound of the Brain.—Dr. E. F. Brodie records (*American Practitioner*, January 1880) an interesting case of this form of injury. A man, aged 22, received on August 11, 1879, a wound of the cranium from a pistol-ball. The ball, which weighed half-an-ounce, entered at the supra-orbital foramen, fractured the orbital roof and temporal fossa, passed beneath the integument to a point two inches and a fourth above the meatus auditorius externus and out, dividing the posterior branch of the temporal artery. Several spiculæ of bone were removed, and about half-an-ounce of

cerebral tissue issued from the point of entrance. The patient was semi-comatose for about five days. On the tenth day he, having been kept on low diet, became so excessively hungry that his friends imprudently allowed him to eat bread and bacon, smoke a cigar, "and enjoy a convivial round generally," during which his outraged system revolted. He had hæmorrhage from the posterior branch of the temporal artery to the extent of five quarts. The wounds suppurated, and four days later a scale of lead, weighing 28 grains, was removed from the roof of the orbit, and also several large spiculæ of bone. In six weeks the wounds closed, leaving no symptoms beyond slight impairment of memory and stiffening of the muscles of the jaw. Subsequent observation of this case would be interesting and instructive.

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