NOTE OF A CASE OF SOFTENING OF THE
RIGHT ANGULAR GYRUS, WITH LEFT-
SIDED PTOSIS.

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THE following case deserves to be placed on record, because it illustrates the production of ptosis upon one side by a limited cortical lesion in the opposite hemisphere:

A man, aged about sixty, very much emaciated, was admitted to the City (Charity) Hospital in a state of stupor. He was under observation two and one-half days, during which time the temperature ranged from 100° to 102°. There were some signs of tuberculosis of the lungs, there was a bad cystitis, the heart was very weak and rapid, and the radial pulse could not be felt most of the time that the patient remained under observation. The right arm and the right leg were quite flacid, and were only slightly moved on painful stimulation. The face did not seem to be involved. No weakness could be detected on left side of body. Both knee-jerks were lost. There was no rigidity anywhere. On the left side there was ptosis not quite complete. The left pupil was slightly dilated, and reacted less well to light than the right pupil.

Although the weakness on the right side was not considerable, it seemed sufficiently pronounced to justify the diagnosis of a crossed hemiplegia. The nature of the lesion was thought to be either softening of the pons from atheroma or tubercular meningitis with multiple cheesy masses.

Death occurred from suppurative nephritis and exhaustion. The autopsy showed the existence of extensive pulmonary tuberculosis with cavities, and pyelitis, with suppurative nephritis. In the right hemisphere, just below the interparietal fissure, was a circular patch of softening, one inch in diameter, occupying the angu-

lar convolution. The softening involved the cortex, and, to a slight extent, the white substance beneath it. The position of the area of softening is shown by the accompanying diagram. It is safe to refer the left-sided ptosis to the lesion in the right hemisphere. The right-sided hemiparesis cannot be satisfactorily explained, but may have been due to a uræmic condition resulting from the kidney disease.

Diagram illustrating position of area of softening in right hemisphere.

Primary Menstrual Psychosis.—Freedmann (*Munch. Med. Woch.*, No. 1, 1894), describes a periodic mental disorder that appears at the beginning of puberty and which disappears when the menstruation is well-established. It should not be confounded with the periodic menstrual psychosis already described, but must be separated from it under the name of the menstrual psychosis of development. It bears but slight analogy to other disorders of puberty. In principle, however, it may be compared to those single attacks of transitory overthrow of consciousness that sometimes occur suddenly at the time of puberty. The character of the difficulty is identically that of the very large group of psychosis of somatic origin. The normal mind possesses extraordinary force of resistance to pernicious influences, and an astonishing recuperative power. Psychosis due to external influences and remaining functional, do not survive the conditions that produced them. They do not explode except under pressure of pathological stasis. When there is defect in recuperative power, a chronic psychosis results. If the defect is one of resistance merely, there is a periodic psychosis of brief duration. Transient psychic abnormalities are no more due to hysteria and epilepsy than they are to other somatic and nervous causes. BRYSON.