

laterally. That sinus itself was equally prominent and distended, and on being slit up was found to contain a small quantity of very dark fluid blood, its calibre, however, being chiefly occupied by a well-formed, pale-coloured clot, which extended the entire length of the sinus to the torcular Herophili, and thence to the lateral, straight, occipital, superior, and inferior petrosal sinuses, all of which stood out in bold relief, owing to the tense condition of their walls. All the meningeal veins, more particularly on the upper surface of the brain, were much distended. On section of the various parts of the brain all were found healthy with the exception of the right lobe of the cerebellum, which contained in about its centre a small but well-marked extravasation. With respect to the rest of the body, nothing noteworthy was observed beyond the markedly distended state of the right side of the heart, more especially of the auricle, which looked ready to burst.

*Remarks.*—The generally recognised causes of sinus thrombosis are of two kinds—first, certain states of the blood and of the circulation; and secondly, certain diseased conditions of the tissues adjacent to the sinuses. Thrombosis due to the first class occurs most frequently in children, and the chief exciting cause is severe diarrhoea. In adults it occasionally occurs in the last stages of phthisis and cancer. Severe diarrhoea would seem to operate in a twofold manner. By its exhausting effect it lowers the force of the heart beat, while by dehydrating the blood it not only reduces its volume, but also increases its viscosity, as is notably the case in Asiatic cholera, thus rendering its onward propulsion still more difficult. A greatly retarded circulation of blood less fluid than normal being thus premised, it becomes an easy matter to comprehend why the cerebral sinuses, and more particularly the superior longitudinal sinus, should become the seat of thrombosis. For this latter one presents the following conditions: a tube with rigid walls, an irregularly shaped cavity crossed by numerous fibrous bands—the chordæ Willisii—and a blood current, as Dr. Gowers<sup>2</sup> has pointed out, normally more feeble than in any other vessel in the body. Given the foregoing mechanical conditions, *plus* the retarded circulation of a blood of diminished fluidity, this sinus comes to constitute, as it were, a trap for catching a thrombus. Of the second class of causes diseased bones of the skull, especially in the vicinity of the internal ear, is the most common, producing thrombosis of the superior petrosal or the lateral sinus. A close analysis of the symptoms of recorded cases of this disease leads to the unsatisfactory conclusion that there is not one which is pathognomonic. The cerebral symptoms are chiefly general—viz., apathy, somnolence, coma, convulsions, rigidity of the neck, and vomiting. In very young children, when the superior longitudinal sinus is chiefly involved, prominence of the fontanelle and oedema of the scalp have been observed. With regard, therefore, to the diagnosis of sinus thrombosis, we can only conclude with Dr. West,<sup>3</sup> “that when symptoms set in suddenly in debilitated subjects, and do not run the course of any ordinary form of cerebral disease, such symptoms will probably be found to be due to thrombosis of the cerebral sinuses.”

Watton, Norfolk.

## MORAL IMBECILITY OR CRIME.

By H. P. HAWKINS, M.A., M.B., M.R.C.P.

E. I.—, described in the police report as a well-dressed girl of fifteen, was brought before Mr. Sheil at the Westminster Police-court on Oct. 11th, 1889, for a series of thefts committed during the previous six weeks. Her plan of action had been the common one of gaining entrance to shops on false pretences, secreting one or two portable articles of value, and subsequently realising through the pawnbroker. It is not certain how much was due to her own initiative, as she was in the hands of older women. There was nothing in the case which, to the legal eye, would excite suspicion of insanity. The prisoner appeared to be a dangerous member of the community; motive enough was apparent, the articles stolen being of considerable value, and the cunning displayed indicated considerable, though perverted, intellectual power. But Mr. Sheil

kindly granted a remand as soon as the desirability of examining into her mental condition was represented to him, and finally discharged her.

The previous history of the girl, which at any rate seemed to justify the request for a remand, may be briefly told. The influence of heredity may be traced, though it is not very strong, her father's uncle having become insane, with fixed delusions, late in life. Her birth was natural, and her first impressions can only have been such as are derived from a respectable and comfortable home; but as soon as speech was acquired she was found to be untruthful, and though perhaps not more so than many children who subsequently become excellent citizens, the deterrent effect of punishment was wanting, and, while her bodily growth was rapid, it became evident that the perception of her moral relations to others remained in abeyance. Upon her release from the cradle a further gap in her innate stock of morality stood revealed, for she began to appropriate the childish articles around her, and would expend much ingenuity in stealing and concealing an article which she might have had for the asking, though there was no trace of the magpie habits of the weak-minded; and in combating this tendency also education and example proved of no avail. Before she was five years old the method of obtaining sweets by asking for them at shops in her mother's name had been evolved and carried out with success. Truth and property rights were two blind spots in her moral eye; they meant nothing to her then, and mean nothing now; but there seems to have been no intellectual defect whatever, though perhaps there is slight failure at the present time. Receptivity, memory, and reasoning power were of full development, her natural affections were strong, and her will showed weakness only in that she was unable to control her thieving desire in spite of genuine contrition.

As might have been foreseen, the onset of puberty gave her mental balance a thrust which it scarcely survived. In October, 1888, her mother found her sitting on the floor with her nightgown on over her clothes, and a poker in her hand, talking excitedly and incoherently; and she was admitted a week later into St. Thomas's Hospital under Dr. Bristowe, who has kindly allowed me to publish these notes. On admission she was a well-grown girl, in perfect bodily health, with a rather low forehead, abundant black hair, and well-formed features and palate; her expression was vacant and she was speechless, answering questions only with a stare of curiosity like a three-year-old child. She preserved power over her arms, but her legs were limp and useless; there was no affection of sensation; the knee jerks and plantar reflexes were normal, and the pupils large and equal; there were no marks on the tongue. It was found that any bright object, such as a watch, knife, or pencil-case, at once attracted her attention, acting as surely as a magnet on iron; she would instantly fix her eyes on it, and her expression of vacant listlessness would give place to one of interest and eagerness, which became more intense and feverish as the glittering body approached her, until she could finally snatch at it; if she was unsuccessful in obtaining the object, she would watch patiently for it, marking down its whereabouts when it was concealed; if successful, she would use it as a plaything, with short, meaningless laughter. The previous history was at first imperfectly obtained; it was known only that she had been “strange” all her life, so that the case was set down as one of idiocy. But in three days she was perfectly well and immensely improved in appearance; instead of dulness and emptiness, one read in her face the ample capacity for the enjoyment of life that comes from perfect health of body and mind, and she stayed for some time in the ward making herself useful and liked. It is difficult to be certain, but I believe she had little or no recollection of this illness, which seemed like a slice of her three-year-old life inserted into her fourteenth year. A few days after leaving the hospital she was readmitted with loss of power in both legs and wide rhythmical tremors of the upper extremities, but she was speedily cured by battery and shower-bath. The catamenia now appeared for the first time.

From this point onwards the road is down hill; the stealing is constant; she begins to wander away from home for two or three days at a time, honestly repentant, but ever restless, and after being lost for six weeks is found in a police-court. Through the kindness of Dr. Gilbert of H.M. prison at Holloway I was enabled to see her. There may be now some slight intellectual failure, though she falls far

<sup>2</sup> Diseases of the Nervous System, vol. ii., p. 417.

<sup>3</sup> Diseases of Children, sixth edition, p. 120.

short of the old-world legal standard of insanity, but there appears to be fair ground for considering her to be morally imbecile, suffering from the faults or defective surroundings of her ancestors.

Such cases, no doubt, are common enough; but what is to be done with them? I suppose the moral degree attained by the adult is the sum of inheritance and education; that inheritance, using the word in its widest sense, is a real factor, is shown by such a case as this, where the first modes of employment which a child can find for its newly acquired powers of speech and muscular coördination are lying and stealing; but the second element of education is for us the more important, the individually imperceptible touches of passive example and active teaching which finally mould the man. The retention of these moral imbeciles as free members of the community depends on the possibility either of sowing and raising the missing ideas on the bare place in the moral field, or of covering its nakedness by development of the baser reasoning faculty. Cannot something be done in this latter direction? Many a man has been a liar in his childhood, and perhaps through the early part of his school life; and then, as he began to realise the danger and futility of the habit, has lost the defect, without gaining at the same time any keener admiration for the beauty of truth in itself, and, consequently, having effected a social rather than a moral advance; and the possibility of the occurrence of such a change, moral in appearance but social in effect, without any specially directed pressure from the outside, may surely infuse some hopefulness into a scheme in which such cases as the one described above would be taken in hand at an early period and subjected to skilled teaching with this definite aim. At present the law knows only the criminal, the innocent, and the lunatic, and has no machinery for dealing with the fourth class—the irresponsible morally insane. We give them increasing terms of imprisonment, alternating with periods of crime and prostitution; and perhaps Plato, who recognised the class, was wiser when, in his model constitution, he laid down for them the penalty of death.

St. Thomas's Hospital.

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### UNUSUAL TOXIC ACTION OF SALICYLATE OF SODA.

BY G. B. BARRON, M.D.

ANY unusual action of remedies is worthy of record, specially of those frequently prescribed and relied on in acute disease. Salicylate of soda is one of those remedies so constantly used with success that any departure from its ordinary action on the animal economy is noteworthy. The following case is on that account interesting and, I believe, unique in character.

Miss B—, aged twenty-six years, had been for some time suffering from an intractable form of eczema, localised chiefly on the vulva and pubes. She went out on a cold day, and in the evening complained of muscular rheumatism in the arms and legs. The following day salicylate of soda in fifteen-grain doses was prescribed with bicarbonate of potash and hyoscyamus. She took the remedies for three days, and obtained much relief, when they were discontinued. A week afterwards she had a return of the rheumatism, and again the salicylate was advised. The same chemist dispensed the medicine, and on inquiring I found from the same stock of the drug. I was sent for in the evening, after two or three doses had been taken, and found her in a state of great distress. She was covered with an intense erythematous rash, with tingling sensation over the whole body; the eyelids, hands, face, and legs were swollen; a sense of weariness and depression, and a highly nervous dread; the breathing was shallow and hurried, and severe headache, as though the head would "burst." Pulse 120, fluttering and feeble; temperature 107°, and urgent thirst. At first I considered this alarming condition was due to some im-

proper or poisonous food; but on inquiring as to the diet, this opinion proved erroneous. The salicylate was discontinued, to be replaced by other remedies to relieve the urgent symptoms. In forty-eight hours the rash disappeared, the pulse and temperature resumed their normal condition, and all seemed well. A few days after the rheumatic pains again developed themselves, and again the salicylate was prescribed. After two doses a similar train of symptoms set in, and the evidence pointing so forcibly—indeed, unmistakably—to that drug being the cause of the peculiar symptoms, it was not again administered, and from that time the patient was free. The high temperature was a singular feature of the case. I have not read of any such poisonous action of the salicylates; and up to this case I have relied without any fear of ill effects upon their efficiency and remedial power in cases of acute rheumatism. It is curious that the drug from the same stock, from the same prescription, and dispensed by the same chemist, should have shown its toxic influence on the two last occasions, and not on the first. Certainly I could not discover any altered constitutional conditions to account for the peculiar manifestation. Had there been any heart affection the deleterious action of the drug, I am convinced, would have produced heart failure, and death.

Southport.

#### A CASE OF LARGE MUCOUS POLYPUS GROWING FROM THE LARYNGEAL PORTION OF THE PHARYNX.

BY JOHN LOWE, L.R.C.S.I.,

FORMERLY SURGEON TO THE WORKINGTON INFIRMARY.

MRS. B— consulted my partner, Dr. Highet of Workington, during the summer of 1884. She complained then of dysphagia and the ordinary sensations of indigestion, for which he prescribed. He did not see her again until early in April, 1885, when she complained of decided choking sensations. Dr. Highet asked me to see the case with him. I examined her throat with the aid of a spatula only, but could see nothing to account for the symptoms of which she at times complained. On grasping the throat, compressing the hyoid bone and looking into the pharynx, a large portion of a good-sized tumour was clearly visible. I even caught it with my fingers without difficulty, when it appeared to have the consistence of the tongue itself. I was doubtful whether it was prolapsed pharyngeal mucous membrane or a distinct tumour; I, however, demonstrated the tumour and its pedunculated attachment by means of the laryngoscope. Neither I nor Dr. Highet had any doubt of the existence of a large tumour. Mrs. B— being anxious to have it removed in the Carlisle Infirmary, I sent her thither with a note of her case. I received a letter from Mr. Lediard, in reply, stating that the hospital surgeons could not find any evidence of a tumour, but that there was a relaxed condition of the mucous membrane. As the tumour might possibly have evaded detection, I sent the patient back to Carlisle after a few days, but with a similar result. She died suddenly a few days after her return from Carlisle. I did not see her in the meantime. I opened her throat within half an hour of death, in the presence of Dr. Highet, above the hyoid bone, and found a tongue-like tumour plugging the superior aperture of the larynx. On drawing the tumour through the artificial opening, it looked so like the tongue itself that I examined the mouth to see if the tongue were *in situ*. I then cut off the tumour with a portion of the left great cornu of the hyoid bone attached. The dimensions of the tumour on removal were: length, 3 in.; greatest width, 1½ in.; weight, 1½ oz. When placed flat on a table it looked exactly like a miniature tongue.

I sent the specimen to Dr. Coats, who reported as follows:—"The preparation you sent is certainly a very interesting one. It is a large mucous polypus, consisting of loose connective tissue covered by mucous membrane. It certainly resembles the tongue very closely. It will be preserved in the museum here, although probably too late for the catalogue which is being printed." As I had written about the case to Mr. Lennox Browne, and he expressed a wish to see the tumour, the following is what he very kindly wrote after examining it: "I fear that you will think that I have quite forgotten you and your interesting specimen. The delay has been