

internal pessaries. 2nd. That, with a suitable pessary, there is little danger of serious injury. Our patient wore the ring pessary for months with so much comfort that she objected to its removal. The only injury done by it was the slight denudation of epithelium, owing to the erosion of the soft rubber. The hard rubber pessary seemed to be too small—not to present a large enough bearing surface—therefore produced irritation after being worn a while. It appears, then, that if soft rubber can be made to resist the action of the vaginal fluids, or if the instrument be changed at suitable intervals, internal pessaries may justly be included in the armamentarium of the gynecologist for the treatment of certain cases of procidentia.

TWO CASES OF "SOFTENING OF THE BRAIN."

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The term "softening of the brain" has for some years been much misapplied by many physicians in general practice—in fact, has done faithful service in helping to fill medical certificates of insanity, and satisfied some doubting minds in search of a *definite* phrase to express an obscure diagnosis.

Cases of sclerosis, general paresis, and acute mania have been indiscriminately jumbled together under this convenient heading, and one might think the disease as common as measles, and quite as easily detected. That true softening of the brain is a disease of exceedingly rare occurrence, is an established fact; that when existing it is generally unsuspected, is equally true. *Post mortem* records in the Provincial Asylums furnish accounts of but a limited number of these cases, and those which have come under my observation have not been diagnosed—in fact have proved a surprise when *post mortem* examination revealed the state of affairs within the dura mater.

Accuracy in the classification of mental

disease should be cultivated as much as accuracy in the classification of other disease, and it is high time the absurd use, or rather misuse, of the term "softening of the brain" should be discontinued by those who are not certain of their diagnosis.

The cases reported below were not even suspected by the medical officers of the Asylum.

Case I.—M. A. A., female, aged 34. Had been insane four years when admitted. Not robust, but enjoyed fair health. A case of chronic mania. On the morning of her death, she took her breakfast and was to all appearance as well as usual. Shortly after taking breakfast, she suddenly became unconscious, and remained comatose until the time of death, some four hours afterward.

Post mortem made twenty-seven hours after death. Body well nourished. Scalp thin, and vessels filled with blood. Skull normal. Vessels of membranes gorged with blood. The right lateral ventricle was found distended with a blood clot of recent formation. All of the brain substance about the ventricle was of a creamy consistency, and the general softening was continued through the pons into the medulla.

The cause of death was evidently the rupture of a blood-vessel in the ventricle.

Case II.—This case is of more interest than the former, on account of the quantity of brain tissue which had undergone disintegration before death took place.

W. R., male, aged 62. An inmate of Kingston Asylum for twenty-five years. Was suffering from acute mania when admitted, but gradually became quiet, and worked with the gardener for the last fifteen years. Was muscular and always enjoyed good physical health. His hallucinations remained unchanged until the day of his death. These hallucinations were chiefly in regard to witches and diabolical creatures, who tormented him so persistently that he would often drop his spade when working, and swing his arms about, to frighten the wicked spirits away.