

tumour, about the size of a flattened chesnut; and on dissection this body was traced downwards and found to extend backwards as far as the sella turcica. The left portion was much larger than the right, and had pressed on the olfactory nerve along its tract to the cribriform plate. The two anterior lobes were united by this body in the inferior part of the fissure. About six drachms of serum was found on the base of the skull.

In the foregoing case we have an extent of lesion rarely met with in insanity; and I am disposed to believe, that in all cases of traumatic insanity a similar fact may be realized, where life terminates within a limited period from the infliction of the injury to the brain. Obscurity of prognosis, in such cases, outside of Asylums, would appear to be not uncommon. In both this instance and the preceding one, the wives of the patients had been led to indulge strong hopes of recovery. Insanity succeeding to severe injury to the head, is a far more significant fact than seems commonly to be supposed. It is but the unavoidable mental indication of fatal lesion, perhaps in a brain not at all predisposed to the malady, and consequently resistant against it to the utmost possible extent; therefore we should regard the intellectual aberration as the courier of early dissolution, when it is accompanied, or has been preceded, by muscular or other physical impairment.

In ordinary idiopathic cases of *general paralysis*, errors both in *diagnosis* and *prognosis* are frequent. Within a few days past, a patient, called a lunatic, has been sent into the Asylum, in the very last stage of the disease—indeed in *extremis*. It is hardly credible that his respectable relatives would, on the very verge of dissolution, when the power of swallowing had ceased, and almost total muscular motion had disappeared, have placed him in a Lunatic

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