

time; quiet sleep from ten p.m. to six a.m.; slept better the following night without draught; draught repeated subsequently with the same effect.

M. H., female, age 39.—Chronic mania with mitral disease; at times extremely troublesome, very noisy, violent, and destructive; ziss paraldehyde produced two hours' sleep, patient much quieter; 5ss given two hours later, patient slept through the night and much quieter following day.

M. M., female, age 30.—Melancholia with extreme restlessness and actively suicidal; no sleep at night unless induced by drugs; ziss paraldehyde given at ten p.m., slept quietly from eleven p.m. till five a.m.

E. E., age 58, female.—Mitral and aortic disease, senile dementia; very destructive and noisy, shouting all night. ziss paraldehyde given at 10.30 p.m., slept from 11 p.m. till 6.30 a.m.

J. Y., female, age 33; J. F., female, age 29.—Chronic mania; very troublesome, noisy, destructive, and violent; chloral and hyoscyamine given with scarcely any effect. ziss paraldehyde rendered her quiet and much more manageable, and another ziss repeated two hours later induced six hours' sleep; next day much quieter.

H. T., male, age 35.—“Acute mania of general paralysis.” In a state of great excitement, noisy, violent, and destructive; no sleep for several nights; zii paraldehyde given, in two hours patient much quieter; another zii given in the evening, patient slept well all night.

I could quote many more such cases of the same character. The effect of the drug is quick, and in every case effectual, comparing in this respect favourably with chloral, which is often followed by little effect.

The only unfavourable feature about the drug is undoubtedly the taste and smell, which patients who use it complain of. A good vehicle for its administration is shaking the drug up with about 3i of brandy.

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*Case of Raynaud's Disease following Acute Mania.* Under the care of W. C. BLAND, M.R.C.S., Medical Superintendent. From notes by NATHAN RAW, M.B., Assistant Medical Officer, Borough Asylum, Portsmouth.

Henry C., 23, labourer, was admitted into this asylum on December 18, 1888. Has had epileptic fits since age of 13. Grandfather had fits. Fits increasing in severity during last two years. He was admitted in a state of acute mania, rolling and throwing himself about, and generally in a state of raving incoherence. He was treated in a single room, but would not stay in bed, standing for whole nights on his bare feet and shouting vigorously. This continued for eight

nights. On the 25th December his feet were noticed to be slightly swollen, but not discoloured. His mental condition considerably improved, and on the 4th January he was able to sit up near the fire. Had a relapse, however, on the 11th, and, after spending a restless night, his feet were noticed to be again swollen, and he complained of great pain. On careful examination the toes of both feet presented a bluish-purple tint, especially on the plantar aspect; they felt cold, and there was slight cutaneous anæsthesia, patient experiencing subjective sensations of excruciating pain, referable to the anæsthetic regions. The pulsation in the tibial and dorsalis pedis arteries could scarcely be detected. There was considerable constitutional disturbance. Patient felt a sense of constriction all over his body; intense frontal headache, with severe pain of a spasmodic character in his lumbar region and great tenderness over the region of the kidneys. In addition there were several small hæmorrhagic extravasations on his buttocks and thighs. His vision was also materially affected. He complained of dimness and inability to read. On ophthalmic examination the fundus was seen to be unusually pale, while the vessels were blanched and almost indistinct. The urine was scanty and of a very smoky appearance, specific gravity 1.028, neutral in reaction; contained a deposit of phosphates, slight trace of albumen, and a *large quantity of blood*. Blood was also present in his expectoration. He was placed in a warm bed near the fire, and the feet carefully wrapped in cotton wool. The discoloration became more intense, and a large bleb formed under the epidermis of the plantar surface of three toes. On opening these a quantity of sanguineo-purulent fluid escaped, and a distinct line of demarcation was seen round the base of the terminal phalanges, which were gangrenous. Charcoal poultices were freely applied, and every endeavour made to check the spread of the disease. The result being that three of the terminal phalanges of the right foot, viz., second, fourth, and fifth, and one of the left foot, viz., the great toe, sloughed off, leaving a healthy granulating surface. His constitutional symptoms only lasted about a week; the pain in the back disappeared. Blood was only observed in the urine and expectoration for three days, and then quite disappeared. Vision was perfectly restored, and the optic discs appeared normal. The toes have healed up nicely, leaving very little deformity or inconvenience to the patient.

*Remarks.*—The unusual occurrence of this disease, together with its association with a lesion of the nervous system, is my excuse for bringing it before the notice of the profession. Following as it did a severe attack of acute mania, with cold as an exciting local agent, the occurrence of the paroxysmal hæmaturia, impairment of vision, and severe lumbar pain, render it extremely probable that the disease was due to some central nervous lesion, causing spasmodic contraction of the

renal arteries and hæmaturia and contraction of the retinal vessels, with temporary impairment of vision. The patient has improved in his general condition, and, with the exception of occasional epileptic fits, is enjoying good health.

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*The Difficulty of Arriving at a Correct Diagnosis in Insane Patients.* By NATHAN RAW, M.B., B.S., Assistant Medical Officer, Borough Asylum, Portsmouth.

The following case well illustrates the difficulties with which asylum medical officers have to contend in the treatment of their patients for bodily disease.

Eliza S., æt. 82. Suffering from chronic mania with complete dementia. Patient was almost deaf and unable to speak, had a large scirrhus in her left breast, with small tumour, probably scirrhus, in the right breast, together with enlargement of the axillary glands. She was in very feeble health, and during the progress of the malignant disease had rapidly deteriorated; has the typical cancerous cachexia. She had for some months suffered from extreme chronic constipation, her bowels only being made to act with great difficulty, by the use of powerful aperients and occasional enemata. She was thought to be dying, and her friends had been sent for on two occasions. On the evening of the 4th February the nurse reported her to be a little changed; on seeing her she was found to be a little worse than in the morning, pulse small and quick, no elevation of temperature. It was impossible to get any information from the patient herself as to her condition; she was prescribed brandy and other stimulants, and when seen early in the morning had rallied considerably; a soap and water enema which had been given the day before only acted slightly. On the 5th patient vomited a dark, grumous-looking fluid of a sour smell, and very much resembling coffee grounds; this vomiting was thought (in the absence of other symptoms) to be due to some secondary deposit of malignant disease in the stomach. Patient had great thirst, and was given milk, brandy, and eggs. The vomiting continued at intervals, and gradually became paler in colour, but never having a fœcal smell. Patient gradually sank, and died without showing any other physical symptoms on the fourth day.

*Necropsy* made 48 hours after death; rigor mortis passed off; body extremely emaciated; large hard tumour firmly adherent to skin in left breast; smaller tumour in right breast; head and chest not examined. Stomach contained fluid food, dilated, walls thin; mucous membrane congested, and showing in places superficial ulceration. No morbid growth. On looking at the intestines an internal hernia of the small intestine was seen to have taken place through an open-