

what the pain in the back was due to, but it may very well have been spinal meningeal hæmorrhage, which has been recorded occasionally in these cases. The whole course of the disease from the onset of the characteristic symptoms was thus only five months, as that could be dated pretty accurately between the 20th of October and November 29th, 1893. We may, of course, with great probability regard the preceding melancholia as connected causally with the pathological processes which gave rise later to paralytic dementia, but we cannot say what the relation was; there was nothing in the symptoms to differentiate it from the ordinary attacks of melancholia, which terminate so often in recovery more or less complete, or to show that it was really the prodroma of general paralysis.

I believe that it is not very common for general paralysis to be preceded by much depression, and that suicidal attempts in the early stage are rare, so that it seemed worth while to place this case on record.

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*A Case of Chronic Mania, with Notes on Treatment.* Reported by KEITH CAMPBELL, M.B. Edin., James Murray's Royal Asylum, Perth.

*Mrs. B. H. M. I.*, a widow, aged 43 years, was admitted to this asylum on 25th October, 1894, labouring under an attack of subacute mania.

*History of Case.*—*Family*:—Aunt and grandmother *insane*. Father died æt. 80; paralysis. Mother died 14 days after patient's birth. *Personal*:—At puberty patient began to grow very fast, and had to be kept from school. Mental capabilities average. At 21 slight depression about religious matters; travelled; recovered. At 23, carriage accident, by which she sustained internal injuries. She married a man who was dyspeptic and phthisical, and died 19 months before patient's admission. There were no children and no miscarriages. At time of husband's death she was unnaturally calm, but she brooded over it. There is a probability almost amounting to certainty that both husband and wife were addicted to alcohol. She became talkative and fanciful a fortnight before admission.

*On Admission.*—She was well-developed, but poorly nourished. She was anæmic, but there was no organic disease. Her menstrual periods recurred every fortnight, and were excessive.

As regards her mental condition, her memory for recent events was not entirely gone, but owing to the maniacal condition she could give no coherent account of them. She could not fix her attention. She had many fleeting delusions, some of a peculiar nature respecting her hands. She was extremely sleepless.

*Progress of the Case.*—For the first week she was very restless and extremely sleepless. She was anæmic, with a very feeble pulse, and she would take little nourishment. She was put on digitalis in 7m doses and brandy at night, but these made no difference. A great factor in her sleeplessness was marked hyperæsthesia of the sense of hearing. The slightest sound disturbed her. Up to November 5th she lost ground rapidly; the anæmia increased; she bit her lips and tongue till they were extremely swollen; she could be got to take little nourishment, and the sleeplessness continued.

On November 6th she had bromidia 3ss, repeated in three hours. This gave her two hours' sleep through the day, but failed at night, and she was as restless and sleepless as ever. The bromidia was repeated, but she did not benefit much from it. Towards the end of this month she got into a habit of sleeping for a few hours on alternate nights, the sleep, no doubt, of exhaustion. During all this time she was quite incoherent.

On December 1st she was visited by a lady friend, to whom she spoke quite connectedly, the first coherent sentences she had uttered since admission. From her talk it was evident she had observed things all the time, and knew the names of nurses, doctors, etc.

December 4th.—She had paraldehyde for the first time, and slept well. She was very restless next day.

On the 9th she slept four hours without a drug, and thereafter she had quieter nights, the best giving about five hours' sleep. The motor restlessness diminished somewhat, but she hardly improved physically, and the amount of nourishment she took was very small. She was now at the table, and was sent to a convalescent gallery, but very soon she got worse again, and very sleepless. Pot. Brom. and Cannab. Indica had practically no effect. She could not stay in this gallery, and was put to bed, but this only produced a temporary diminution of the excitement. She had Pot. Iod. with digitalis, but this gave no effect physical or mental. She continued like this with a very poor pulse, violent and destructive, till September. She now developed a hæmatoma, which was blistered. She was quieter for a week. Her excitement then increased, she got quite homicidal, and the only thing that had any effect was fairly large doses of sulphonal. This drug also enabled her to get some sleep.

January 22nd, 1896.—Thyroid feeding, 60 grains per diem for

eight days. The physical reaction was present, if not very marked. Mentally no improvement.

February 17th.—Patient was sick, and much more connected and sensible for a little, but almost immediately relapsed.

February 24th.—March 12th.—Two other short lucid intervals.

On December 11th she had a paralytic attack affecting the right side, with entire insensibility of both pupils.

Patient rallied so far as to indicate pain in the head and a knowledge of her surroundings.

She gradually sank, however, and died quietly and suddenly early on December 14th.

After death the temperature in right axilla rose to over 105° F.

*Post-mortem.*—There was considerable thickening and condensation of the cranial bones. The left side of the skull was twice as thick as the right, which was, however, thickened also, especially posteriorly. The left occipital region was especially very thick.

The *dura mater* was adherent to the bone over both right and left frontal and parietal regions, and there were slight adhesions in left occipital region. There was general thickening especially of left side. The outer surface was shreddy and vascular. The sinuses were engorged.

Report on *Brain* by Dr. W. Ford Robertson (abridged):—

The whole of the left hemisphere, with the exception of the tips of the frontal and occipital lobes, showed a very marked degree of anæmic softening. The left middle cerebral artery and many of its larger branches were filled with a firm fibrinous clot. The right hemisphere not abnormal, except for some slight thickening and congestion of the membranes.

*Microscopic.*—(Right hemisphere.) Slight subpial felting, and neuroglia hypertrophy in outermost layer of cortex; the cells contained a marked excess of pigment. Their processes were for the most part intact, in some commencing varicose atrophy. The chromophile elements of the protoplasm everywhere indistinct. The gross cerebral lesion on the left side was the result of embolism. The microscopic changes of right side were those of chronic insanity with lesions of a more acute character affecting the nerve cells, which were undoubtedly to be attributed to the general cerebral disturbance produced by the embolism of the other hemisphere.

*Notes on the Case.*—The following points are of clinical interest:—

1. The prolonged and continuous excitement, with great motor restlessness and a minimum of sleep in a woman with an extremely weak heart, and in very poor physical health.

2. Owing to the continued excitement a large number of drugs of a sedative nature were tried.

1. *Bromide* and *cannabis*, no relief.
2. *Digitalis*, slight improvement in pulse; no relief of maniacal symptoms. (This drug is often of use as a calmative in excited melancholia with weak cardiac action).
3. *Bromidia*, in small doses, producing quiet and often short sleep during the day, but no relief as the excitement rose in the evening. (Bromidia, except in large doses, is of little use in mania; it is in the restlessness and mental pain which precedes a sleepless night in melancholia, that it is useful; just as it gives good results in periodic neuralgias, coming on on going to bed, which prevent sleep).
4. *Paraldehyde*, as a purely hypnotic, gave excellent results, but next day the excitement was often more marked.
5. *Sulphonal*, the best drug tried, both for producing sleep and reducing motor restlessness.
6. Hot *stimulants*, though patient was very weak, gave no relief.
7. After some weeks of the maniacal excitement she slept on alternate nights, for a few hours, a sleep of exhaustion.
3. Thyroid extract, in full doses, was tried, and gave no result mentally, though the signs of physical reaction were present.
4. Although the case was probably alcoholic there were no hallucinations, but there was marked hyperæsthesia of the sense of hearing.
5. There were short transient intervals of quiet and lucidity, in the midst of this prolonged brain storm.

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*A Case of Epileptic Idiocy, Associated with Diffuse Lipomata, Ichthyosis, and Nævi, treated with Thyroid Extract: Improvement.* By NATHAN RAW, M.D., B.S., Medical Superintendent, Dundee Royal Infirmary.

The following remarkable case has been under my care since October, 1896, and is of interest to those who have treated cases of insanity with thyroid extract.

G. R., aged 13, one of a family of six (youngest); four of the others died young of diarrhœa; the eldest, aged 26, is moderately developed and mentally good.

His mother died three years ago of paralysis—no mental defect