

apparent cause—no hereditary predisposition and no alcoholic excess, but he had been a hard-working, fairly intelligent clerk in a large warehouse. Though he was discharged recovered on the first occasion, he never seemed quite to get back his former mental tone or energy, and took things very easily afterwards. The prognosis now is much graver, for even if he survive the present shock he will always be liable to other hæmorrhagic attacks, and the mental enfeeblement, which was a symptom in his former attack, is now very marked and will be permanent. There are described several forms of syphilitic insanity, and this one corresponds, though not in every respect, to the delusional form found in the third stage of the disease, and in these cases the delusions are so various that they have no common features except that of suspicion. The treatment adopted was of the usual antisymphilitic kind, but whether the improvement on the first occasion was due to that or not is a matter of doubt.

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*A Case of Remarkable Chloral Idiosyncrasy.* By ARTHUR W. WILCOX, M.B., C.M.(Edin.), Senior Assistant Medical Officer, Warwick County Asylum.

A FEMALE patient, A. H—, unmarried, æt. 44 years, was admitted to the Warwick County Asylum on 18th August, 1899. She was a pale and somewhat anæmic woman, suffering from acute mania. She was stated to be not suicidal, epileptic, nor dangerous to others. There was no family history of insanity nor phthisis. On admission she was excited and delusional, and appeared frightened, thinking that people wished to injure her. She mistook the identity of those around her, and shouted murder when anyone approached her. On the following day she was no calmer, so a sedative mixture containing Pot. Bromid. gr. 30, Tr. Valerian. Am. ℥ 15, Chl. Hyd. gr. 10 three times a day was prescribed. There was no material change in the patient's condition, mental or bodily, during the next three weeks.

On September 12th she was noticed to be covered with a scarlatinal rash, particularly marked on the face, chest, and forearms, but present all over her body. Her face was swollen and her eyelids œdematous, while the glands of her neck were enlarged and tender to the touch. She complained of sore throat, and her tongue was somewhat white. Her temperature was found to be 104° and her pulse 100 per minute. Mentally she was irritable and fretful, but could converse fairly rationally.

As at the time we had a patient suffering from scarlatina (in whose

case a clear history of infection had been made out) this fever was diagnosed, and patient accordingly isolated.

On the next morning her temperature was  $103^{\circ}$ , rising to  $104.8^{\circ}$  in the evening. On the third morning after the appearance of the rash it was again  $103^{\circ}$ , rising to  $104.2^{\circ}$  on the evening of the same day. On the fourth morning it was  $101.2^{\circ}$ , and  $102.4^{\circ}$  in the evening. The temperature then began to fall gradually, showing slight evening rises and morning remissions until it became normal on the eleventh day after the appearance of the rash. There were no complications, and the urine at no time contained any albumen. Mentally patient was simple and childish in her manner, irritable, querulous and exacting, and often mistook the identity of those near her. The sedative medicine was discontinued on the first day of the appearance of the rash. She was isolated for two months. She desquamated very freely, the skin leaving her hands in a glove-like manner, and pieces an inch long peeling from the soles of her feet; her body giving off a shower of epidermic scales on any movement.

Patient continued quiet, tractable, and well conducted (but still delusional) until 2nd January, 1900. On the evening of that day I saw the patient about 6 p.m. She was then sitting before the fire quietly sewing. At 12 p.m. I was called to visit her, and found her being held down in bed by three nurses. She had become acutely maniacal and actively suicidal. She was struggling and shouting, had tried to strangle herself, and was endeavouring to dash her head against the wall. It was necessary to remove her to another part of the asylum and place her in a padded room with a special nurse to watch her to prevent her from injuring herself. It required the services of four nurses to remove her, and of several more to undress her, as she was very resistive and fought and bit in a determined manner. She was given  $\text{m} \nu$  of a  $\frac{1}{4}$  per cent. solution of hydrobromate of hyoscine without benefit, as she was very violent and noisy, and made many attempts to injure herself during the rest of the night. The next day she was quieter, but informed me that she could not control herself, and did not know what she might do next. She was given a mixture containing Pot. Bromid. gr. 30, Chl. Hyd. gr. 10, of which she had two doses only. On the following morning, 4th January, she was found to be covered with a red rash, markedly scarlatinal in character. Her eyelids and ears were œdematous, and her tongue was covered with a slight white fur. Her temperature was  $102.4^{\circ}$ , and her pulse rate 85 per minute. She conversed rationally and complained of great thirst, slight sore throat, and intense headache. Her urine was loaded with urates, but no albumen was present. The next day the rash was even more pronounced, particularly on the face, which was somewhat swollen and œdematous. Her tongue had assumed a strawberry-like appearance, and she complained of difficulty in swallowing and severe sore throat, which on examination was found to be much congested. Her temperature was  $103^{\circ}$  and her pulse 85. On 6th January her temperature fell to  $100^{\circ}$  and her pulse to 80. The rash was less marked, and her tongue comparatively clean. On January 7th her temperature became normal, and she was allowed to leave her bed on the 16th, having desquamated slightly about the face and chest. Two days

later her hands and feet were peeling freely, some of the flakes of skin being one eighth of an inch in length. She still complained of only being able to control her actions by the greatest effort of her will. On February 2nd her mental condition required that a sedative should again be administered, and she was given one dose of a mixture similar to the last, *e.g.* containing Pot. Bromid. gr. 30, Chl. Hyd. gr. 10. About seven hours afterwards the nurse who had charge of her case (and who had been told to watch carefully for such a possibility) reported that she was again covered with a red rash, and her temperature was found to have risen to  $101.4^{\circ}$ . The following morning her temperature was still the same, and continued so until the medicine was discontinued on February 5th, when it again fell to normal. On this occasion patient had not become acutely maniacal, but complained of great nervousness and a fear that she should be unable to control herself.

A week later she was given a draught containing  $\mathfrak{m}$  15 of Tinct. Valerian. Am., and a few days later one containing Pot. Br. gr. 30 without any abnormal therapeutical effect. After a few days a draught containing Chl. Hyd. gr. 5 was administered. This caused marked flushing of the face and irritation of the skin of the whole body within a few hours. The temperature remained normal. The tongue also became rapidly covered with a white fur. The patient became more irritable and peevish, and asked that the medicine might be discontinued, as she could feel that it did not suit her.

This case, I think, presents several points of interest. Various writers have described a scarlatina-like rash, with considerable irritation of the skin, and followed by desquamation, after large doses of this drug, or when administered for a long time. Dr. Garrod thinks that the rash more often resembles that of urticaria.

Dr. Fowler states that albumen may be found to be present in the urine, which occurring in a patient with signs and symptoms like these described in this case would make yet another difficulty in arriving at a diagnosis.

A rise of temperature is, I think, quite exceptional, as Chl. Hyd. has been found, both by experiments on animals and in practice, to lower the heat of the body.

It will be noted that on one occasion a single dose of 10 gr. caused a rise of temperature of  $3^{\circ}$  within a few hours.

The glandular enlargement, œdema of the face, sore throat, and the rapidity with which the tongue became furred are also worthy of remark.

It has been observed in the case of sane persons who have contracted the chloral habit and indulged it for any length of time that they become irritable, peevish, and querulous. A

single dose of 5 gr. was sufficient in this case to produce these symptoms to a marked degree.

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### Occasional Notes.

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#### *The Lunacy Bill.*

THE Lunacy Bill of 1900 has passed through the House of Lords, and it may be that it will become law in the course of this session. The Bill has been so fully discussed in previous numbers of this JOURNAL that we need not revert to provisions which now reappear unchanged, or to points of comparatively little importance.

There are, however, certain clauses which cannot meet with our approval, and certain notable omissions which we must deeply regret.

First, with regard to the reduction of the valid duration of urgency orders from seven to four days. Experience has shown that this will be attended by difficulties and dangers which will not fail to leave their mark, unless there is a concomitant alteration in the powers of the Justices. Of course it is well known that the emergency certificate in Scotland is limited in operation to three days, but the circumstances are altogether different from those which have to be considered in England. The sheriff of a county or his substitutes are always accessible through the sheriff clerk's office, which is open for the transaction of business every lawful day. Dr. Percy Smith and others have graphically described the difficulties of finding a qualified Justice, when circumstances of urgency required orders for the detention of insane persons within the narrow limits of time available. No one has been found to say a word in vindication of a system which imposes such delays and distractions in view of dangers to insane persons and to the lieges. The experience of those placed in responsible positions should be considered, and their condemnation of this hazardous proposal should have due weight in the House of Commons. It should be plainly stated that the present duration of the urgency order