

of 13 years she developed nocturnal somnambulism, walking all over the house in her sleep and having no recollection of it in the morning. The menstrual periods, which set in at the age of 15 years, were attended with headache, insomnia, and great nervous prostration. On one such occasion she had a hallucination that her bed was surrounded by flames and this was the starting point of her obsessions. Almost daily after this she felt the sudden morbid impulse to set something on fire. It grew stronger though she struggled against it, suffering great mental and

physical distress in the process. The morbid obsession occupied her mind to the exclusion of all other ideas and caused such distress and agony that she could resist no longer. Taking a lighted taper she set fire to a packet of waste paper. This was followed by instant relief of distress and an agreeable feeling of satisfaction. These obsessions occurred from time to time and on three such occasions she set fire to out-buildings and parts of her master's house. The medical evidence taken before the magistrate in the trial of this patient showing the occurrence of insane impulses the

patient was removed to the asylum. Dr. Leroy concludes that the morbid heredity on both paternal and maternal sides resulted in a brain liable to disorder and readily provoked to morbid impulse (in this case pyromania) on the occurrence of the stresses of puberty, a critical time in mental development.

REFERENCE

Lancet, 4 March 1905, 583–584.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

Corrigendum

Occult suicidality in an emergency department population. *BJP*, 186, 352–353. The last sentence of the Discussion (p. 353)

should read: Any prospective screening for psychopathology in the emergency department should make provision for

discovery and treatment of suicidal individuals.