

### Clinical Notes and Cases.

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*A Case of Syphilitic Insanity.* By R. D. HOTCHKIS, M.D.,  
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THE following case is one in which insanity supervened after an operation for a tertiary syphilitic lesion, followed by recovery ; then cerebral hæmorrhage a year later producing a second attack.

R. M. B—, æt. 52, widower, a clerk, admitted to the Glasgow Royal Asylum on July 19th, 1897.

*History.*—He was admitted into the Western Infirmary on June 2nd, 1897, suffering from extensive cario-necrosis of the left tibia, which was chronic in its onset and course, and had been operated on some seven times. He admits having had gonorrhœa thirty years ago, and this was followed by some symptoms pointing to syphilis ; otherwise he has been healthy. There is no hereditary predisposition. On June 8th the tibia was extensively opened by Dr. Macewen, and found to be much eburnated and thickened, and with necrotic scales in the interior. Mental symptoms came on shortly afterwards, and he was transferred here.

*State on admission.*—He is a stout man in good muscular condition, but very pale and sallow, suggestive of cachexia from syphilis or other organic disease. The only other physical sign is a greatly thickened left tibia with a discharging wound.

His chief mental symptoms are defective memory, incoherence, and delusions of suspicion. He also has hallucinations and illusions of sight, *e. g.* sees pictures floating before him, and thinks that everything has a dirty blue tint. Occasionally he is noisy, and seems to fear injury from those about him.

The acuteness of the above symptoms passed away after a few days, but he remained in a confused and somewhat variable state of mind for some months. His memory continued very defective, and he often made foolish and irrelevant remarks, *e. g.* gravely said one day that he had had three children born within two months of one another. In addition he was often despondent, and had little self-reliance, asking guidance in everything. At first he slept badly, but afterwards both slept and took his food well.

On August 27th Dr. Dalziel removed nearly the whole of the left tibia, which was of ivory hardness and whiteness. The patient took the chloroform badly, but his mental condition after the operation was quite unaffected.

October 13th.—There were no complications after the operation, and now the wound is nearly closed, and is looking healthy. Mentally his condition is one of slight depression, facility, and weak-mindedness.

He is getting mercury and potassium iodide. By the end of the year the wound had closed, but his mental condition showed no change. He remained for nine months longer in the asylum, during which time his bodily health steadily improved, and latterly he was able to walk with the aid of two sticks. His mental symptoms slowly disappeared; he became bright and cheerful, more self-reliant, and though he never became quite as well as formerly he improved sufficiently to be discharged as recovered on October 7th, 1898.

He kept well for a little over a year, when he had an attack of cerebral hæmorrhage producing right hemiplegia, and he was taken to the Victoria Infirmary. Mental symptoms soon developed,—incoherence, excitement with much noise and violence, defective memory, so that he was readmitted here on January 26th, 1900.

*State on admission.*—He is hemiplegic (right) and partially aphasic, but seems to understand what is said to him. He is also subject to recurrent attacks of excitement, in which he speaks much more distinctly; but his vocabulary consists chiefly of abusive and profane words, and he would readily strike if he got the chance. His left leg remains healed, and before this attack he could walk fairly well.

Up to the present date, March 2nd, his condition is slowly improving; he can speak much better, and has some power in his right arm and leg. His attacks of excitement are less in number and not so acute, but there is left considerable mental weakening, with very defective memory. The probability is that these latter symptoms will be permanent.

*Remarks.*—The effects of the syphilitic poison on the nervous system are well known, the chief characteristic being its universality. Any nerve may be affected, also some tracts of the spinal cord, and the brain with its surrounding membranes and bone. In fact, if there be irregular paralysis, especially in the cranial nerves, not pointing to one definite lesion, the cause is most probably syphilitic. The subject of syphilis as a cause of insanity is a complex and obscure one, and this is best shown by the diversity of opinion among authors, who vary much in their descriptions. Diverse mental symptoms are produced not only by syphilis, but by other poisons, *e. g.* alcohol, and the *modus operandi* has not yet been fully solved. The influence of the syphilitic poison in the present case seems to be fully if not absolutely paramount. It might be claimed to be post-operative insanity; but the symptoms are different, and a much severer operation was performed in the asylum with no mental effect. Further, the cerebral hæmorrhage two years later points strongly to syphilitic disease of the arteries, and it is instructive to note the brain instability in a man whose constitution is undermined through syphilis. There was no other

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