

*Carbon Monoxide Poisoning* [*Intoxication par l'oxyde de carbone*]. (*Bull. Soc. Clin. Ment. Méd.*, April, 1913.) *Truelle, M. V.*

This is the case of a man, æt. 56, who, with his wife, was poisoned during sleep by escape of gas from a defective stove. The wife died after an illness of about a fortnight. The man was at first little affected—in fact he went to work the day after the accident. A few days later, however, a condition of progressive stupor set in—he became apathetic, incapable of attending to his work, he lost his memory, and showed no distress at his wife's condition and subsequent death. When admitted to the asylum, three weeks after the accident, he was apparently quite demented, incoherent, turbulent, and dirty in habits. He was pale and tired-looking, with unsteady gait, tremulous tongue, exaggerated knee-jerks, normal plantar reflex, and no disturbance of pupillary reactions or sensation. He was constantly wet, and his bowels were very constipated; there was nothing abnormal in heart, lungs, or urine. He was quite indifferent to his surroundings, his attention could not be fixed, his face was expressionless, and his bearing apathetic. Complete disorientation in space and time was evident, but he seemed to understand what was said to him. In about two months a distinct improvement was noted, his memory began to return, and his habits were no longer faulty; his health also rapidly improved, and his reflexes returned to normal.

The case is interesting as showing that a condition simulating a grave and incurable dementia may result from CO poisoning. This gas, beside the effect which it produces on the red blood-cells, also has a very destructive action on the cells of the liver, and as the patient in the case under notice was an alcoholic, it is probable that his liver was more than usually susceptible to its toxic action.

This secondary hepatic toxæmia is capable of initiating a toxic encephalitis and myelitis of more or less rapid evolution, with manifestations more or less grave, permanent or transient, according to the time of its onset, the extent of the lesions, and their tendency to progress or to disappear.

In such cases, then, it is wise to give a guarded prognosis, and not to despair of improvement, even when an apparent dementia is present.

W. STARKEY.

*Unilateral Clonic Tremor in a Case of Tabetic General Paralysis* [*Tremblement clonique à prédominance unilatérale au cours d'une paralysie générale tabétique*]. (*Bull. Soc. Clin. Ment. Méd.*, June, 1913.) *Marchand and Petit.*

This is the case of a female patient, æt. 56, who was the subject of typical general paralysis of the tabetic type. There was no heredity of insanity, etc. She had a miscarriage, but denied syphilis. The usual motor and mental signs of general paralysis were present, but in addition a marked tremor, amounting to a continuous clonus, affecting the right leg. This persisted for the five months prior to her death. At the autopsy, besides the classic evidences of general paralysis, there were found atrophy of the motor cells of the anterior horns, marked sclerosis of the posterior columns, and a lesser degree of sclerosis of the

lateral columns, more marked on the right side of the cord. Such cord changes have been described by various authors, but the pathology of clonic tremors is still far from settled.

W. STARKEY.

### 3. Treatment of Insanity.

*The Refusal of Food and its Treatment [Traitement de la Sitiophobie].*  
(*Bull. de la Soc. de Med. Ment. de Belg., Feb., 1913.*) Quintens.

The various causes of refusal of food divide themselves into two great groups—the psychical and the physical. It is important, if one wishes to be successful, to treat each individual case on its merits. To ascertain the cause is the essential first step. Many cases improve upon the simple treatment of rest in bed; an œsophageal tube will convince the hypochondriac that the passage to his stomach is not blocked up, and so on.

Of the physical group the treatment varies with the cause. Washing out the stomach with a weak alkaline solution often gives good results, and may be continued for several days. If, however, it be thought necessary to give the patient something, the writer advocates sugar and small doses of alcohol, the latter especially in depressed cases. Sodium chloride, by causing thirst, frequently makes the patient take liquid nourishment.

When other methods fail, there is left as a means of treatment the injection of artificial serum. This is best done subcutaneously. It should be given in 20-oz. doses twice a day. The only contra-indications are lung congestion, with a high-tension pulse. Thirteen cases exhibiting various mental conditions are described, all of which, with one exception, greatly benefited by this treatment. The author does not detail the method of making the serum.

COLIN M'DOWALL.

*The Therapeutics of Mental Diseases [La Thérapeutique des maladies mentales].* (*Le Prog. Méd., Sept. 6, 1913.*) Damaye.

The writer of this article assumes that all mental diseases are due to toxins, and should be treated therefore on medical and surgical lines. Those due to exogenous toxins are similar to bacterial infections, whilst the remainder, as caused by endogenous toxins, belong to the group of metabolic disorders. In general pathology lies the hope for the cure of insanity; attention paid to psychical disorders only obscures matters.

He proceeds to give a rough summary of several cases, which is designed to show that treatment in the earliest stages prevents mental symptoms from becoming chronic, together with the onset of physical cachexia. Unfortunately he adheres rigidly to his axioms, and his description of the mental states of his patients are so meagre that definite conclusions from the data are unwarrantable. All the cases quoted are tuberculous apparently, and the treatment is directed to this disease, special reliance being placed on raw meat and tonics. Dr. Damaye records considerable mental improvement in all the cases, but omits to state if he considers the mental symptoms due to the tubercle bacillus. Similar treatment of syphilitic patients apparently produces like results. His protest that psychical investigation has led to too great concentration of attention upon manic-depressive insanity and dementia præcox is worthy of note.

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