

these come, according to Dr. Yellowlees, into the category of non-marriageable cases?

Dr. YELLOWLEES.—Every case must certainly be considered upon its own merits. General paralysis is, I am quite sure, one of the least hereditary forms of insanity. I do not think an attack of puerperal insanity in the mother is sufficient reason. It depends on the degree and directness of the inheritance, but I am quite sure that it is wise for us to err on the safe side. I think that the misery which is thus brought into families is something too dreadful to be faced. Whatever advice you give, however, people will generally act in accordance with their own intentions.

Dr. JONES.—I have lately had to advise as to the marriage of a private patient after an acute attack of insanity, and I had no hesitation in urging very strongly that they should have no children. This is not in agreement with the reader of the paper; but I see no reason why the happiness and comforts of a married couple should be marred through transmission of insanity to their issue in almost endless posterity.

Dr. MOULD.—I am afraid my paper must have conveyed a great deal more than I intended. Each case must be, of course, judged upon its merits, and one must advise in view of future probabilities.

A Note on Sulphonal, with a Case of Toxic Peripheral Neuritis following on its use. By JOHN SUTCLIFFE, M.R.C.S., L.R.C.P., Assistant Medical Officer, Royal Manchester Hospital, Cheadle.

SULPHONAL has been extensively used in the Royal Manchester Hospital during the last two years. We have found the drug prepared by Bayer to be constant and trustworthy in action, converting noisy and turbulent patients into comparatively quiet and manageable cases.

It is usually given in doses of forty grains in hot milk at bedtime, and we have rarely found it necessary to increase this dose. After a short time sleep ensues and continues during the night; this is followed by a period of quietness, as a rule lasting until next evening. The cases in which it has been usually given have been of the chronic type—noisy, excited, and troublesome maniacs, and restless, agitated melancholiacs. We do not consider it advisable to give it in acute or curable cases. We have not noticed hæmato-porphyrinuria, irritation of the gastro-intestinal tract, eruptions of the skin, loss of appetite, or depressing effects on the heart, although we have seen other untoward results. Two gentlemen have taken forty grains daily,—one for twenty-five weeks and another for eight weeks. The following cases are of interest:

1. A gentleman in a state of great excitement of three months' duration—noisy, incoherent, and struggling with his attendants in an aimless fashion—had fifty grains on each of two successive days without apparent result. On the third day sixty grains were given, after which he slept almost continuously for three days, during which time he could be easily roused to take his food. He was thereafter much quieter and more manageable. During the next six weeks he had forty grains daily, and was able to be up and about without being troublesome. For the last sixteen months he has had no drugs, and has gradually sunk into a condition of quiet dementia. The course of his disease has progressed, unaffected by the treatment.

2. A gentleman suffering from acute melancholia after some months became subject to recurrent attacks of great excitement lasting about a month. Numerous sedatives had been administered, and the usual forty-grain dose of sulphonal had been given on many previous occasions without effect. From the 3rd to the 9th of January of this year, eighty grains of sulphonal were given each day, the result being that he was a little quieter and slept rather better. On the 10th he was in a drowsy condition, from which he could be easily roused, but he presented all the symptoms of well-marked peripheral neuritis. He complained of pain and pricking in the calves of his legs, which were painful to touch. He was unable to walk, he could not extend or supinate his hand, and his toes were pointed. The pupils acted slowly and the knee-jerks were absent. On the 20th January wasting of some of the muscles was observed, particularly those of the calves. The dynamometer registered nine kilos. in each hand. The symptoms have not yet entirely disappeared. His legs are still weak; there is a slight patellar reflex of the left leg but none of the right. The dynamometer registers twenty-five kilos. in the right hand and twenty-two in the left. He has put on flesh and has had no further attack of excitement, although he has had no more sulphonal.

DISCUSSION

At the Annual Meeting of the Medico-Psychological Association, London, 1899.

Dr. CONOLLY NORMAN.—This is a warning of another danger to those who use sulphonal. I believe I was the first asylum physician in the United Kingdom to use sulphonal in 1887, but I never ventured on a dose of forty grains to begin with or eighty grains to continue. Sulphonal seems to have many disadvantages, and

I would suggest that trional is much more suitable. The latter can be given in large or small doses; it is not liable to accumulate in the intestines, and will produce sleep at once or not at all.

Dr. FLETCHER BEACH.—I also have discarded sulphonal in favour of trional, the effects of which are less depressing, while the sleep is much more refreshing.

Dr. JONES.—I have seen very bad effects from sulphonal *post mortem* in patients who died from various bodily disorders, where I have on occasion found spicules like glass in the small intestine. It is also very apt to bring on a most intractable form of skin disease, especially at this time of the year, when, owing to the heat, the skin is apt to be congested. I have therefore ceased to prescribe it for the present.

Dr. URQUHART.—I have used sulphonal for years, and have only once seen bad effects. We lately admitted a young woman who had taken thirty grains on the prescription of a country doctor. She died of hæmatoporphyria, and the supra-renal glands were found to be tuberculous. We could not obtain any information as to the maker of the sulphonal administered in this case. As soon as the symptoms occurred we telegraphed for supra-renal extract, but it arrived too late to be of use. I urge those who are unfortunate enough to meet with a case of this formidable malady to make further trial of supra-renal extract. No doubt the case referred to was extremely sensitive to sulphonal, but other cases have been recorded showing degenerative changes of the supra-renals. I can confirm Dr. Sutcliffe's remarks in regard to the value of sulphonal in chronic cases, and well remember one who was well known as a most difficult lady to deal with during her periods of recurrent mania. A short course of sulphonal was followed by a cessation of maniacal symptoms, and a mild melancholia supervened. She continued quiet and manageable for years, until her death. No doubt these powerful drugs require extreme caution in administration.

Concerning Irresponsibility in Criminals. By A. R.
WHITEWAY.

THE spiritualist was and still is the orthodox criminal jurist. He believes in original sin, and when he sees a crime attributes its commission to the inherent wickedness of its author. The *médecin-légiste* looks first, not at the crime, but at its author, and brings an open mind to bear upon his inquiry into the reason for so strange a thing having been committed. The former, therefore, starts with the assumption that each offender is responsible, and excuses him only upon pressure, as in the clear case of the lunatic, the child, and the idiot, when the evidence of irresponsibility is overwhelming, even to his prejudiced eye. On the other hand, the horizon of the man of science is less bounded and grows wider year by year. He knows the moral disabilities of the general paralytic in the first stage, of the epileptic and of the true degenerate, and he is usually able to recognise their respective disorders. Magnan and Serieux tell us that between 1885 and 1890, seventy-six