

stupor, which would have been difficult if electroconvulsive therapy (ECT) was used. Though it took her longer to get out of the hospital than the conventionally treated cases, the outcome was satisfactory.

One cannot draw firm conclusions from a single success but it would surely be interesting to try bromocriptine in a series of cases.

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#### References

- ABBOTT, R. J. & LOIZOU, L. A. (1986) Neuroleptic malignant syndrome. *British Journal of Psychiatry*, **148**, 47–55.  
HORN, E., LACH, B., LAPIERRE, Y., *et al* (1988) Hypothalamic pathology in the neuroleptic malignant syndrome. *American Journal of Psychiatry*, **145**, 617–620.

SARTORIUS, N., JALENSKY, A., KORTEN, G., *et al* (1986) Early manifestations and first contact incidence of schizophrenia in different cultures. *Psychological Medicine*, **16**, 909–928.

#### CORRIGENDA

*Journal*, November 1990, **157**, 777 (Beeley). The author's name should read Linda Beeley and not Linda Bealey.

*Journal*, December 1990, **157**, 937 (Scull). The author's name should read Andrew Scull and not Andrew Skull.

*Journal*, December 1990, **157**, 836–837 (Perugi *et al*). The diagrams above the legends for Fig. 1 and Fig. 2 were switched. The diagram accompanying the legend Fig. 1 should have appeared above the legend Fig. 2 and vice versa.

#### A HUNDRED YEARS AGO

##### Hysteria and Organic Disease

As our knowledge of organic disease widens and deepens the number of cases relegated to the indefinite if convenient limbo of "hysteria" will no doubt become fewer and fewer. In a recent number of the *Charité Annalen* the details of a very instructive case in this relation are recorded. The patient was a woman of thirty-one, who, after an attack of typhus fever at the age of twenty-one, began to suffer from a gradually increasing anaesthesia, concentric contraction of visual fields, colour blindness, and disturbance of special senses. The patellar reflexes were present. The manner of the patient was marked by apathy, and sleep was induced by merely closing her eyes. There was much emaciation, the apathy became still more marked, and finally before death she was delirious, with hallucinations and delusions. The case was regarded clinically as one of hysteria, with subsequent mental disturbance, but at the necropsy

an astonishing condition of things was found. There was tubercle in the lungs, the larynx, and the intestines, degeneration in the posterior columns of the cord, and myelitis in those columns in the cervical region. Such a condition with retained knee-jerk is certainly unusual. But there were also changes in Clarke's column, a congenital fissure in the medulla oblongata, and degeneration in the nuclei of the cranial nerves, the peripheral nerves showing no change. That so many changes in the nervous system should be present without obtruding themselves in such a way as to make possible a diagnosis other than the unsatisfactory one of hysteria is certainly strange. The case is of great importance, as affording a warning that hysteria is not to be diagnosed without the utmost care in excluding every possible form of organic disease.

#### Reference

*Lancet*, 7 February 1891, 324.

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