venient if some people called that coin a shilling which other people call half-a-crown.

Taking the word "stress" in its original sense, Dr. Stewart's question, which elicited this communication, admits of a ready answer. He asks why a rising wage-rate, diminished labour, and increase of leisure are associated with increase of drunkenness, crime, and lunacy; and how such a state of things is to be reconciled with the "lately expressed" opinion that insanity is the product of the two factors, stress and heredity. If we take the term "stress" as Dr. Stewart appears to take it, to mean "distress," then of course the state of things that he describes cannot be reconciled with the doctrine. But if we take "stress" to mean what it was defined to mean in the statement of the doctrine, the difficulty disappears. I am not a Glamorganshire miner, nor am I familiar with the habits of that class of workers; but I gather from Dr. Stewart's statement that they resemble the miners of other districts in the fact that when they have more to spend, they spend more; and that a considerable proportion of the increase is spent in drink. Now, alcohol circulating in the blood is an insanity-producing stress, and one of the most potent that we know of; so that if insanity increases under the state of things described by Dr. Stewart, the occurrence is not an exception to, but a corroboration of, the doctrine that insanity is the product of two factors—heredity and stress.

Clinical Notes and Cases.

Clinical Notes on a Case of Acute Mania; bearing upon the Effect of Acute Intercurrent Disease as it affects the Mental State. By LEWIS BRUCE, M.D.,Edin.

THE following case is of interest as it shows that repeated attacks of acute intercurrent disease may finally produce recovery in patients suffering from mania which has taken on a chronic phase.

The patient, a male æt. 24, was admitted on May 26th, 1903, suffering from acute mania, which had lasted for a few days. There was a

https://doi.org/10.1192/bjp.50.209.283 Published online by Cambridge University Press

history of direct and collateral hereditary predisposition to insanity. The patient was a steady man, leading a healthy outdoor existence, and he had never had any previous attacks of mental disease.

The cause of the present attack was anxiety and worry, due to the suicide of his brother, and its onset was said to be sudden.

The patient was a particularly well-developed and well-nourished man. His alimentary system was disordered. His leucocytosis was 15,300 per c.mm., with a polymorphonuclear percentage of 72. His heart's action was regular and not rapid, the pulse rarely exceeding 70 beats per minute. His skin was greasy, and the perspiration had a sour odour. Forty-eight ounces of urine and 450 grs. of urea were excreted in the twenty-four hours. No disorder of the sensory functions could be detected. His skin and tendon reflexes were slightly exaggerated.

Mentally.—He was excited; he suffered apparently from hallucinations of hearing; his attention could not be retained for a minute; he was incoherent in speech, and only partially understood what was said to him; his sleep was deficient; the muscles of his arms and face showed twitchings and tremors.

He was treated in bed and put on sick diet, largely milk. By the end of a week he was improving and sleeping well, and by June 6th, eleven days after admission, he was quite recovered mentally. His leucocytosis was fairly low, 13,000; the percentage of polymorphonuclear cells was 65. On June 10th his leucocytosis had fallen to 8,000 per c.mm. of blood, and the polymorphonuclear percentage to 43. We have always found that the prognosis in a case of mania with such a blood-count is bad. On June 13th the patient relapsed and again became sleepless. There was a very slight rise of temperature to 98·8° F. as the attack came on, and the pulse rose to 80 beats per minute. The blood was examined at intervals of a few days, but the leucocytosis never rose above 11,000 per c.mm. of blood, and the polymorphonuclear percentage was never higher than 47. The eosinophile cells averaged 4·5 *per cent.* The patient was treated by rest, then by exercise, with a liberal diet and general tonic treatment, but there was no improvement. The maniacal symptoms became less acute and more chronic in character, and the patient became wet and dirty in habits and also destructive. We did not induce a leucocytosis because we thought that, as the leucocytosis was low and the percentage of polymorphonuclear cells very low, any stimulating of the leucocyte production of the bone-marrow might unduly strain the powers of the patient and make his condition worse. Seven weeks after admission, on July 14th, patient suffered from an acute attack of dysenteric diarrhœa, with a temperature of 102° F. His leucocytosis went up to 26,000 per c.mm. of blood, and the percentage of polymorphonuclear cells rose to 80. Coincidently the patient became quite sane, and remained sane for two days, when he again relapsed, and again his leucocytosis fell to 10,000 and the polymorphonuclear cells to 50 *per cent.* Three weeks later he again suffered from diarrhœa, his leucocytosis rose to 22,000 and the polymorphonuclear cells to 75 *per cent.*, and again he recovered mentally only to relapse. During the first week of October he again suffered from diarrhœa, with a leucocytosis of 30,000 and a polymorphonuclear percentage of over 80 *per cent.*, and again he recovered

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his mental balance. This time, however, he did not relapse, and in a month he put on 21 lbs. in weight. His leucocytosis fell to about 13,000, and the polymorphonuclear cells averaged 66 *per cent.*

We are inclined to think that if we had induced a high leucocytosis in this case by means of a terebene injection early in the attack, we would have saved the patient from a long and brain-cell-destroying illness. The history of the course of this patient's illness, taken in connection with the observations made on the leucocytosis in acute mania published in the *Journal of Mental Science*, April, 1903, suggests that in the treatment of acute mania the induction of a high polymorphonuclear leucocytosis is a most important point to be attended to.

A Clinical Note on Alcoholic Automatism. By W. C. SULLIVAN, M.D., Deputy Medical Officer, H.M. Prison, Pentonville.

THE occurrence of prolonged phases of dream-consciousness is, as is well known, a not infrequent phenomenon of pathological drunkenness, and since these phases are often marked by conduct of a seriously criminal character, their study is, from a medico-legal point of view, of much practical importance. For this reason I have thought it worth while to put together a few clinical observations which seem to illustrate fairly well some of the main facts in connection with these dream-states.

I have confined myself to cases where the actions performed were not very grave socially, so as to exclude as far as possible any motive for untruthfulness on the part of the agent, on whose evidence we have necessarily to rely a good deal. It is, I think, legitimate to suppose that the nature of the dream-state in such cases is not essentially different from that which exists in automatism with, for instance, homicidal impulses; and that therefore, from the clinical conditions in the simple cases, we may infer the possibility of similar conditions in the socially graver cases.

A further qualification, which restricted one's choice very much more seriously, was that the individuals examined should possess a certain degree of intelligence and education, so as to

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