

cases of both spinal and cerebral glioma have been recorded, in which a severe traumatism seemed to have initiated the disease.

*Remarks.*—The interest of the case lies in the localising lesions and the apparent degeneration of the brain tissue at the time of operation. It was evident that it was of such a widespread nature that nothing could be done to avert the fatal issue. Yet, as might be expected, the relief of the internal pressure for a time resulted in amelioration of the grosser symptoms. In a case which we reported in the January number of the *Journal of Mental Science*, epilepsy followed on traumatic lesion of the frontal lobe, and in the present instance a similar result has been noted. It is common knowledge that cerebral injury may remain, as it were, latent for many years, and while we would narrowly scan the evidence on which such cases are generally accepted, there is now accumulated certain evidence in favour of this belief. At least, in these cases we have a certain history of trauma and consequent degenerative lesions, as ascertained by *post-mortem* examination.

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*A Case of Sulphonal Poisoning.* By H. de M. ALEXANDER, M.D.(Edin.), Senior Assistant Physician, Royal Asylum, Aberdeen.

A YOUNG woman of fair physique and 32 years of age, who looked anæmic but did not suffer from constipation, had been labouring under chronic mania of over two years' duration.

After a comparatively quiet interval of six weeks she became acutely maniacal, destructive, and impulsive. As on former occasions when an acute exacerbation of her mental affection had occurred, sulphonal was again administered to her in 30-gr. doses daily for one week, producing as much sedative effect as was desired without any untoward symptoms ensuing.

About twenty-eight hours after the last dose she refused her breakfast, and vomited shortly afterwards. Her skin was observed to be cold and clammy; pupils normal; pulse 86 per minute, of low tension, and somewhat irregular; respirations normal; temperature subnormal. Her gait was "groggy," but not to any marked extent; articulation was rather slow, but otherwise perfect, and her mental condition, though apathetic,

was clearer than it had been for many months. The patient complained chiefly of feeling "very cold," and she was placed in bed and treated as a case of sulphonal poisoning.

The leucocytes numbered 5642 per c.mm., and remained under 6000 per c.mm. till the end. The urine, which was of a deep port-wine colour, contained a trace of albumen, and on being examined at the laboratory of Professor Hamilton was reported to contain hæmatoporphyrin.

In spite of treatment her condition became rapidly worse. Flaccid paralysis appeared first in the legs, and spread rapidly upwards until the patient was barely able to turn her head. A varying amount of anæsthesia to touch, heat, and cold was present, and was most marked in the lower extremities. The muscles were very tender to deep pressure, and shooting pains were complained of, chiefly in the lower limbs.

Bullæ appeared on the heels, calves, elbows, and the radial side of the left forearm. The superficial and deep reflexes were lost, and the contents of the bladder and rectum were passed involuntarily. The act of swallowing became gradually more and more impaired, the respirations hardly perceptible, and speech a mere lisp. Though naturally a certain amount of mental lethargy was present, the patient was cognizant of everything that went on around her, and her intellectual faculties remained remarkably clear until her death, which occurred on the fifth day after the toxic symptoms were first observed. A post-mortem examination was not obtained.

Though the above case may be regarded as an example of chronic sulphonal poisoning, certain "by-effects," as is well known, may ensue shortly after an initial dose of sulphonal or trional; the usual symptoms being vomiting, muscular incoordination, and mental torpor, with, in the more severe cases, a considerable amount of prostration associated with a rather rapid low-tension pulse.

Of ten cases in which we have observed these symptoms, sulphonal (30 grs.) was the drug administered in eight of them, and trional (20 grs.) accounted for the other two. All of these patients were women, and under treatment they recovered more or less rapidly.

In nine of these cases the menstrual epoch was imminent or already present; hence it would appear that sulphonal and trional should be used with caution in women at this period.