Post-mortem examination was essentially unremarkable, apart from a small haemorrhagic collection in the right pleural cavity and pulmonary oedema, which were attributed to resuscitation efforts and acute cardiac failure respectively.

Although this patient had been on neuroleptic therapy for six months, this had recently been reduced; the timing of the hyperpyrexia points more to it being an effect of her combined phenelzine, lithium, and L-tryptophan treatment. The effect of this is to increase brain 5-hydroxytryptamine, which has been demonstrated in animals to be associated with malignant hyperpyrexia (Grahame-Smith, 1970). We think that this and the previously reported case indicate the need for great caution when using 5-HT agonists, and that the particular combination of medication used here may be especially dangerous.

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A HUNDRED YEARS AGO

Medico-Psychological Association.

The following are the questions put to candidates at the recent examination held at Bethlem Hospital for the certificate in Psychological Medicine:-

MPC Examination

I What treatment should you employ to procure sleep in – 1. Acute delirious mania? 2. Acute melancholia? 3. Acute mania? 4. Simple melancholia? 5. The acute stage of general paralysis?

II What are the post-mortem appearances in the brain of patients dying – (a) In an attack of acute insanity? (b) After chronic insanity? (c) After general paralysis?

III What are the chief points to be noted in the diagnosis of general paralysis? What other disorders may simulate it?

IV What is the connection between insanity and epilepsy? How would the presence of the latter affect the diagnosis, prognosis, and treatment of the former?

V What is the duty of medical men as to recommending or discountenancing the marriage of a person who has had symptoms of insanity, or in whose family insanity exists?

VI When consulted about patients who have recently become insane, for which cases should you recommend an asylum and for which treatment in a private house?

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Lancet, 5 January 1889, 56.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Surrey

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