The moral I draw from my case is, that it is not sufficient for the attendants to remove only from the patients' mouths foreign bodies which they may have seen introduced into them, or which are of such size as to cause a noticeable alteration in the patients' facial appearance. This practice is, of course, both necessary and usual, but it is now proved to be insufficient. My case shows that it is necessary before every meal to thoroughly search the mouth of every patient who is in the habit of placing improper substances in his mouth. This must be done with considerable care and with a view to the removal of even the smallest quantities of deleterious matters. Among the latter, hair and fibre probably hold a more prominent position than other insoluble substances when swallowed in similar quantity.

A Case of Saturnine Insanity. By W. Hale White, M.D., Assistant Physician to Guy's Hospital.

Thomas H., æt. 40, was admitted into Guy's Hospital under my care on February 6th, 1886, for unconsciousness following fits. No family history of insanity or fits; father has gout, otherwise the family history is very good. The patient is a plumber. Ten years ago he had colic, and also eight years ago. Seven years ago he had "rheumatic gout," to which he has been subject ever since. He has been a moderate drinker. On February 2nd he was troubled with a severer attack than usual of pain in the wrist. On February 4th in the evening he had a fit, commencing by his making a loud, shrill noise, rapidly followed by trembling in the body and limbs. He foamed at the mouth; the teeth were clenched; the eyes were staring. The fit lasted thirty minutes, when he seemed to recover himself, but on being spoken to did not answer, seeming stupid. He got up, dressed himself, and went downstairs. He appeared fairly well till five o'clock the next evening, during which time his power of speech partly returned. He expressed a wish to go to bed, which he did, and fell off into a quiet sleep, remaining undisturbed till 12 o'clock, when he had another fit resembling the first. This second one lasted for fifteen minutes, and about three minutes after it had ceased another took place. He then had a succession of them for about three hours, each being rather more maniacal than the previous. His voice entirely left him, and he again would or could not speak. A medical man administered a draught, after which the patient fell into a quiet sleep. He remained free from the fits till the following night, when he had another series rather severer than on the previous night. During this night the patient was very restless, getting out of bed and throwing his arms about. He became so violent that he had to be held down by four

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men. After a time he became quieter, and was brought to Guy's Hospital.

Condition on admission.—Patient is well nourished, with dark hair and eyebrows. Complexion dark and face rather blue, and also of a sallow hue, being just the kind of countenance that would give one the impression that the patient had worked in lead. Eyes brown, with discoloured conjunctivæ. Pupils unequal, the left being rather more dilated than the right, but both are rather contracted. They respond readily to light and accommodation. The lids are pigmented. He has a somewhat staring, silly look, but is quite sensible of what is going on around him, the slightest noise attracting his attention. When spoken to he takes no notice whatever of what is said, but sometimes after a long interval he will drawl out "Yes," or "No," but without any reference to the question, so that often his answer is quite stupid. Usually he, however, places his hand on his forehead as though trying to collect his thoughts, and slowly hesitates but does not respond. Protrudes his tongue when told, and can hold up his arms. No wrist drop; no paralysis of either arms or legs; no facial paralysis; reflexes normal; characteristic blue line on gums; breath very foul and offensive; tongue furred; appetite poor; bowels regular; no sickness. When asked if he feels any pain anywhere, says "No." Abdomen dark coloured; liver and spleen normal. Cardiac and respiratory systems normal. Urine contains a deposit of uric and cystals; minute trace of albumen; no sugar or blood; two per cent. of urea. Sp. gr., 1022. Temperature normal.

February 7th.—Seems rather more sane to-day. Speaks when spoken to, but hesitatingly. Was able to say his name and his occupation.

February 8th.—He seems much improved, but still answers badly, for when I asked him how long he had been in his present employment he slowly said, with a hesitating manner reminding one very much of a general paralytic, "Fourteen years." During the answer he stared at one in a vacant manner. The next question he was asked was how old was he, and again, in just the same way, he said "Fourteen years;" and again gave the same answer to some third question we put to him. No treatment was adopted. The improvement in intellect was very marked from day to day, and also the improvement in speech, so that at the end of a week he went out quite well. At no time had he any delusions. Dr. Savage, who kindly saw the man with me, quite agreed in the diagnosis.

We have now had several cases in Guy's Hospital. Four of them will be found recorded in the "Guy's Hospital Reports" for 1882, by Dr. Goodhart. This case agrees with the third of them in that epileptiform convulsions were present, and also with cases that are described, as in the matter of speech, resembling general paralysis of the insane. The peculiarity

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of the present case is that patient recovered so quickly. Most of the cases have lasted for months, and many of them have lapsed into confirmed lunatics.

There was a case which came to my out-patients room some months ago in which the patient suffered from the most striking epileptiform seizures as a result of his lead poisoning. He was 45 years old: had had painter's colic for 20 years. For 15 years he has been under treatment at the National Hospital for the Paralysed and Epileptic, for severe epileptiform seizures. His account of them shows that they are indistinguishable from epilepsy. Three times he has been locked up as drunk and incapable, but on each occasion he has only been suffering from his saturnine eclampsia. In order to prevent his being locked up again, he has his name and address stitched inside his coat, together with a statement to certify that he suffers from fits as a result of his lead poisoning. He wears paper collars in order that they may be the more readily loosened and torn when his fits come on. There is a slight amount of albumen, some cardiac hypertrophy, a high-pressure pulse, a slight blue line; and many scars, due to his having hurt himself whilst in his fits, may be seen.*

Some Abnormal Forms of Breathing. By W. Julius Mickle, M.D., M.R.C.P., Grove Hall Asylum, London.

Read at the Quarterly Meeting of the Medico-Psychological Association, February 24, 1886.

The first form is pure typical fully-developed Cheyne-Stokes's respiration, examples of which, in the insane, I fully described some years ago.† On the present occasion, therefore, I shall merely mention it as introductory to the consideration of the other forms.

The second form is a subdivision of the first, and consists of cases which are essentially examples of modified Cheyne-Stokes's respiration, that form of respiration existing in them on a dwarfed scale, and shorn of many of the features of the fully-developed typical form.

Examples of the third form were briefly referred to in my paper already cited. Clinically this has the general mould of Cheyne-Stokes's respiration *minus* the period of apnœa.

* For a series of cases of Saturnine Insanity, and their resemblance to the symptoms of General Paralysis, see Journal, July, 1880.

† "British Medical Journal," Aug. 31, 1878, p. 308.

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