one of general paralysis. The chief exception to this rule would be certain cases of locomotor ataxy. Here, however, the mental symptoms are usually characteristic, these generally taking the form of well-marked delusions of suspicion and persecution, and of being acted on by unseen agencies, such delusions appearing to grow out of the sensory disorders from which the patient suffers. The two diseases—general paralysis and locomotor ataxy—are, however, as is well known, not unfrequently associated.

Paraldehyde as a Hypnotic, with Notes of a few Cases. By Morgan Finucane, M.D., Senior Assistant Medical Officer, County Asylum, Hants.

The further experience of the efficacy of the above drug as a remedy with the insane, impresses itself on one the more it is used, as I think the following cases will show.

The point that strikes one prominently is the extreme safety with which it can be administered to all classes of cases and which renders its substitution for drugs, such as chloral, opium, hyoscyamine, a great boon, especially in asylums where most of the known hypnotics are perfectly useless, unless administered in such doses as to render them dangerous to the patient, and where nearly always one has to debate as to whether such a patient's bodily state will stand drugs such as opium, chloral, etc. Paraldehyde may be given in most cases of bodily disease—chronic lung affections, kidney disease, and heart disease; in the latter producing an increased frequency and force and generally stimulating effect. For the same reason it is equally efficacious in chronic bronchitis, emphysema, and asthma. Now as to its effect upon the mental state—it readily relieves pain, it induces quiet, refreshing sleep, it allays all forms of noisy excitement and extreme restlessness, and lastly, by its continued use, it does not seem to diminish its action, nor does it require the constantly increasing dose so common with most other drugs. The drug must be given in sufficiently large doses, less than a ʒiss producing very little effect; another ʒiss may be repeated in three or four hours if necessary. The following are a variety of cases treated with the drug:—

K. O., female, age 14. Idiot.—Caries of tibia following typhoid fever, very restless and crying, frequently during the day and night; starting pains very severe at night; ʒi of paraldehyde given at bed

https://doi.org/10.1192/bjp.35.151.391 Published online by Cambridge University Press

time; quiet sleep from ten p.m. to six a.m.; slept better the following night without draught; draught repeated subsequently with the same effect.

M. H., female, age 39.—Chronic mania with mitral disease; at times extremely troublesome, very noisy, violent, and destructive; ʒiss paraldehyde produced two hours' sleep, patient much quieter; ʒss given two hours later, patient slept through the night and much quieter following day.

M. M., female, age 30.—Melancholia with extreme restlessness and actively suicidal; no sleep at night unless induced by drugs; ʒiss paraldehyde given at ten p.m., slept quietly from eleven p.m. till five a.m.

E. E., age 58, female.—Mitral and aortic disease, senile dementia; very destructive and noisy, shouting all night. ʒiss paraldehyde given at 10.30 p.m., slept from 11 p.m. till 6.30 a.m.

J. Y., female, age 33; J. F., female, age 29.—Chronic mania; very troublesome, noisy, destructive, and violent; chloral and hyoscyamine given with scarcely any effect. ʒiss paraldehyde rendered her quiet and much more manageable, and another ʒiss repeated two hours later induced six hours' sleep; next day much quieter.

H. T., male, age 35.—"Acute mania of general paralysis." In a state of great excitement, noisy, violent, and destructive; no sleep for several nights; ʒii paraldehyde given, in two hours patient much quieter; another ʒii given in the evening, patient slept well all night.

I could quote many more such cases of the same character. The effect of the drug is quick, and in every case effectual, comparing in this respect favourably with chloral, which is often followed by little effect.

The only unfavourable feature about the drug is undoubtedly the taste and smell, which patients who use it complain of. A good vehicle for its administration is shaking the drug up with about ʒi of brandy.

Case of Raynaud's Disease following Acute Mania. Under the care of W. C. Bland, M.R.C.S., Medical Superintendent. From notes by Nathan Raw, M.B., Assistant Medical Officer, Borough Asylum, Portsmouth.

Henry C., 23, labourer, was admitted into this asylum on December 18, 1888. Has had epileptic fits since age of 13. Grandfather had fits. Fits increasing in severity during last two years. He was admitted in a state of acute mania, rolling and throwing himself about, and generally in a state of raving incoherence. He was treated in a single room, but would not stay in bed, standing for whole nights on his bare feet and shouting vigorously. This continued for eight

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