

CASE OF ACUTE MANIA, APPARENTLY DUE TO
SYPHILIS; SPECIFIC TREATMENT: RECOVERY.

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SOWAR No. 89, Luchmun Singh, Rough Rider, 6th B.C., was admitted to hospital, September 23rd, at 11:30 A.M.

I went to see him at 4 P.M. and found him presenting a strange appearance, with restless bloodshot eyes, contracted pupils, and talking loudly in an incoherent wild fashion. He had been apparently well up till a few hours previously to his admission to hospital, when he was noticed to be behaving extraordinarily while grooming his horse. At last he sat down and began to shout, and finally burst out crying, saying that he was a prisoner. He was taken to the woordie-major, who sent him to hospital. When I saw him he was, as I have said, very much excited, his tongue was extremely foul, pulse slow and laboured. He had not been drinking, nor had he taken any drug. He was ordered—R. Colomel, gr. x statim, and R. Chloral hydrat, gr. xv, Potass bromide, gr. xv, h. s. s. ex aqua.

24th.—6:30 A.M.—He has not slept all night; eyes blood-shot, wandering and restless; pupils contracted. Spent the night in walking about calling out that the roof was going to fall on him, and that the room was going round. He continually shouted, now and then laughing, trying to break away from his attendants, saying that he wants to get his carbine and kill himself; he imagines he has committed a serious fault, for which he is to be tried by court-martial. This is a delusion as he has an excellent character, and has always been a most exemplary soldier. Previously to this attack he has had none of the kind; has complained now and then of pain in the head and giddiness; was selected as drill-instructor, and specially trained as rough rider.

He has had no blow on the head, and has never drugged himself at all. He is continually talking about a letter which he has received from his home, and keeps saying "you will know it all from the letter."

This letter is also a delusion, as the dák orderly states no letter has come for Luchmun Singh. When asked about the letter he states he has thrown it down the well; the next moment it is in his tobra, then the Colonel sahib has it. In this way he goes on talking, and though he gives good answers to ordinary questions, as to his age, family, home, and so on, is very much excited in other subjects; twice he seized by-standers with a tremendous grip, denouncing the dresser as a dishonest villain, &c., &c.

He is ordered to continue the bromide of potash and chloral with half a drachm of tincture hyoscyamus every three hours.

6:30 P.M.—He is very much worse, very much more noisy, and very violent, striking his attendants and fighting to get away from them. He is so violent that it is necessary to tie him down to his charpoy.

He lay there shouting, screaming and laughing, filling up the intervals by talking incessantly.

His head to be shaved and tartar emetic ointment well rubbed over the scalp. The doses of bromide and chloral to be increased to gr. xx of each, to be repeated every two hours.

25th.—Did not sleep a moment; was as violent and excited all night, saying that the duffadar on duty was to be hanged for keeping him in hospital when he ought to be in the lines. He is evidently worse; the eyes are suffused, tongue fouler than ever. Now and then he ceases shouting and lies quiet, opening his mouth wide, shooting out his tongue, then compressing his lips and ending with a wild laugh.

The pupils are still very contracted in spite of the amount of chloral taken. Pulse quicker and of less volume.

I was intensely perplexed to account for the suddenness of this attack, and at last it struck me that syphilis might be the cause. On looking over his Medical History sheet I found the cause. On looking over his Medical History sheet I found he has had syphilis primary in 1865, for which he was in hospital 55 days; whether mercury was given or not is not stated. There is no entry of secondary syphilis. There is a cicatrix on the penis and indurated glands in both groins.

In view of the probability of there being some thickening of the inner table of the skull pressing on the brain cortex, I altered the treatment as follows:—

R. Ung. Hydargyri ... gr. xxv.
to be rubbed on the nape of the neck. Repeat after four hours.
And the following mixture:—

R. Hyd. Bichlor	...	gr. $\frac{1}{2}$
Potass. Iodid.	...	gr. xxx
Decoct. Cinchonæ	...	$\frac{1}{3}$ iii

m. $\frac{3}{4}$ ss. every two hours.

6:30 P.M.—Slept three hours during the day, but is still very noisy; the tongue is cleaning.

R. Potass. Iodid.	...	gr. xv
Hydrate of Chloral	...	gr. xx
Hyd. Bichlor.	...	gr. $\frac{1}{2}$
Decoct. Cinchonæ	...	$\frac{1}{3}$ i.

Sig—every three hours.

26th.—Slept two hours, and was quiet, in all, five hours last night.

He has symptoms of iodism, some laryngeal symptoms, suffused eyes, &c.; the iodide was consequently stopped, and the following substituted:—

R. Quinque Sulph.	...	gr. v
Magnes. Sulph.	...	$\frac{1}{3}$ i.
Tinct. Digitalis	...	$\frac{1}{4}$ x
Aquaæ	...	$\frac{1}{3}$ i.

M. ft. haust.

every three hours.

Add Hydrarg. Bichlor ... gr. $\frac{1}{2}$

Bowels open twice during the night. Takes nourishment well.

27th.—Quiet all night; slept at 4 A.M., sleeping for four hours. To continue treatment.

28th.—Getting quieter, and is quite rational at intervals; pulse good; bowels freely opened yesterday; tongue clean. Takes food well; to continue mixture of 26th instant, omitting magnes. sulph.

October 2nd.—Steadily improving; is now quite rational; sleeps fairly well. He is very weak; his guns are slightly blue, but he is still going on with the mercury, and is in a fair way to recovery.

4th.—The change in his appearance is most remarkable; he has quite lost the wild look and is regaining strength.

This case interested me as it held out an explanation, that to my mind is often called for, of the cause, or at least, one cause of sudden accession of mania, which is so often unaccountable. This syphilitic origin of mania is a point not strongly urged in the text-books on the subject, and it may be of more frequent occurrence than is believed.

From this single case, I should, in future, when called upon to decide for or against the possibility of a previously sane person, who has committed some crime, having been insane at the time of commission of the crime, allow the fact of his having suffered from syphilis considerable weight in favour of insanity; and it seems to me not improbable that the sudden accession of mania in which suicide is committed may, in many cases, be due to former syphilitic infection. Had this man, whose case I have just detailed, gone to his hut and committed suicide, the reason of his doing the deed would have been obscure. If this syphilitic origin of mania be an accepted fact, it should be made a point for special investigation in every case of suicide where there is a chance of a verdict of *felo de se* being returned in the absence of evidence of insanity.

In the case in question, I think syphilis is the only possible cause of the symptoms; the history of the case supported by the result of specific treatment favour this view.

CASE OF POISONING FROM THE OLEANDER ROOT (*NERIUM ODORUM*.)

By T. MURRAY, M.D., M.R.C.S., Civil Surgeon, Ajmere.

RAMZANI DHOBY, aged 35, belonging to the village of Gugwana, eight miles from Ajmere, was admitted into the Ajmere dispensary about 4 P.M. on the evening of the 25th July 1877, in a state of complete insensibility.

The history of the case, as far as I could gather from his friends, was as follows:—

A *fakir*, passing through Gugwana on his travels, recommended Ramzani to make a strong infusion of the root of the Oleander, called by the natives *kaneir*, and drink it for the cure

of a guinea worm in his left leg. He followed the *fakeer's* advice and took about two chittacks (4 ounces) of the root, mixed it with water, and drank it off, having previously strained it through a cloth. This was at 8 o'clock in the morning. Shortly afterwards he went into the jungle to answer the calls of nature: on returning home he told his brother that he felt very uncomfortable, and asked for a little *goor*, or coarse sugar, to take away a bitter taste that he said he had in his mouth. After a short time he was seized with vomiting and severe cramps in his abdomen and extremities. Between 10 and 11 o'clock he became insensible, and whilst in that state vomited twice. His relations, seeing him in a dangerous condition, placed him on a *charpoy* and carried him into Ajmere, where they arrived at about 4 P.M. I saw him soon after his arrival, and found him insensible, with a cold, clammy skin, weak, thready pulse, stiffness of the muscles of the jaws, eyes turned up, only the whites visible, hands partly open, but fingers rigid, with the thumbs turned into the palms. The native doctor had poured a quantity of cold water on his head and administered calomel before my arrival. I ordered croton oil to be put on his tongue, and an injection administered of castor oil, spirits turpentine and warm water, which produced three copious stools. A liniment, composed of spirits turpentine, sweet oil, and ginger powder was rubbed persistently over the body and extremities, and one ounce of stimulant mixture administered every hour during the night.

26th July, 8 A.M.—No alteration in his appearance; had frequent convulsive spasms during the night; skin cold and clammy; pulse barely perceptible.

Evening.—No change for the better; pulse weaker; continues insensible; nourishment got down with difficulty.

27th July.—Early this morning his friends asked to be allowed to take him home, as they wished him to die in his own house. He had the *Facies Hippocratica* well marked, and looked as if he would not survive above a few hours. At the earnest solicitation of his friends they were allowed to take him home. On the morning of the 28th a report was brought in that he was still alive, and in the evening one of his relatives came to the dispensary for more medicine; on the morning of the 30th I received a report that he died that morning. He thus lived five days after taking the poisonous infusion, and was under treatment in the dispensary two nights and one day.

AJMERE, RAJPOOTANA, 1st October 1877.

CASES AT GOALUNDO.

By V. RICHARDS.

I.—A CASE OF DROWNING: DEATH FROM SECONDARY APNEA.

I WAS called to see a boy, named Panchu, aged 2½ years, who had been found by his mother floating on the top of a small tank, which contained about six feet of water. I found the child perfectly insensible, cold, and gasping at long and irregular intervals—respiration was, in fact, almost stopped. The heart beats were fluttering; no pulse could be felt at the wrist, though the femoral artery could just be felt beating; there was entire loss of sensibility at this time; tongue protruded and felt cold. I held the child's head downwards and shook some water out through his mouth and nostrils. At 10-30 A.M. I commenced artificial respiration by Silvester's method, and continued it until 11-35 A.M. when he began to breathe more regularly. At this time convulsions came on; the pupils were contracted; the lips, which had previously been livid, became more natural in colour. The convulsions lasted until 2 P.M.—nearly 2½ hours. He had been placed in hot water and well wrapped up; and an enema of turpentine given. The convulsions passed off, but he remained insensible though breathing naturally, his pulse being quick and somewhat thready; body warm. I had no thermometer with me at this time.

When I saw him at 7 P.M. he was still insensible; his pulse quick and thready; breathing normal; temperature 101°. I gave instructions to the parents to send for me if he became worse, but they did not do so. The father says that about 2 A.M. difficulty of breathing came on, with rattling in the throat, and the child died. Death was due, no doubt, to secondary apnoea.

II.—NECROSIS OF THE LOWER END OF TIBIA SEQUESTROTOMY: RECOVERY.

Russick Mookerjee, aged 18 years, was admitted into hospital on the 3rd August. Says he has had a swelling of the left leg for about a year, and suffered much pain. On admission, the lower third of the left tibia was much enlarged, and there were two cloacæ on the inner side of the bone, through the upper one of which protruded a piece of dead bone, much blackened when exposed to the air. Through the lower cloacæ dead bone could be felt. On pulling the sequestrum it was found to impinge against the new bone. The smell from the wound was very disagreeable, and the youth had a care-worn aspect.

After giving chloroform, I cut down upon the new bone, at the superior cloacæ, peeled back the periosteum from around the small opening and enlarged it by cutting away some of the bone, and withdrew the sequestrum that protruded through the opening. It measured 2½ × ¾ inch, but was small at the upper end. Five pieces in all were removed, the smallest being 1½ × ¼ inch. The wound had a very unhealthy appearance for the first four or five days, but under treatment it soon became healthy, and by the 11th was beginning to heal rapidly. He had a slight attack of fever during the first week, partly owing to exposure to wind and rain. At present we have to keep our patients in a boat, as the hospital has been removed, owing to the erosion of the river banks. He was discharged at his own request on the 26th, the wound being nearly healed.

III.—LACERATED WOUND OF THE FOOT; SYME'S AMPUTATION AT THE ANKLE-JOINT: DEATH FROM TETANUS.

Abdul, a Mahomedan fireman, aged 25 years, when jumping from the pilot engine in motion, slipped and fell, the engine passing over and smashing his foot. On admission on the 2nd July his right foot was found to be completely smashed anteriorly to within a short distance of the ankle-joint. Syme's amputation was performed, and the flap only very slightly sloughed. He appeared to be making an excellent recovery, the wound being nearly healed when he began to complain of feeling a stiffness about the jaws. This was on the 5th August. On the 6th all the symptoms of tetanus had set in; he could not swallow without much difficulty, and there were general spasms. Chloral hydrate 3ss. tincture Can. Ind. m v—every 3 hours; brandy, egg and beef tea at intervals. He slept, and there was considerable improvement. His bowels being constipated he was ordered to take castor oil and spirits of turpentine. On the 8th he had passed stools freely, and the convulsive fits were much less violent, but there was jactitation of the injured leg *alternately* with the general spasms. On the 9th there was increasing opisthotonus, and difficulty of breathing—the respiration sometimes being much embarrassed; beginning to lose his appetite which up to this time had been good. Quinine and chloral hydrate three times a day. Chloroform and oil rubbed along the spine. In spite of all treatment, however, he gradually became worse, and at 7 P.M. on the 11th began to perspire profusely. The spasms continued, and were very severe at intervals. He died at 4-30 A.M. of the 12th. Should I get a similar case I shall certainly stretch the sciatic nerve. Amputations are not generally unsuccessful at Goalundo, but when death does occur it is almost always the result of tetanus. I presume the exposed position of the station has something to do with such a result.

CASE OF EMPHYSEMA OF THE CELLULAR TISSUE OF THE NECK AND THORAX IN THE COURSE OF DOUBLE PNEUMONIA.

By G. S. SUTHERLAND, M.D., Surgeon-Major, Offg. Surgeon, Rajputana Political Agency.

A MALE native, of middle age and in good condition, who had been working as a coolie on the roads until a few days before, was brought to the dispensary of Mount Abu on 15th August 1877, dying of apnoea, and he expired the same afternoon. An emphysematous condition of the cellular tissue of the neck was observed by the native doctor on admission, and before death it had extended over the thorax, chiefly on the left side in front and on the right side behind. There was no history or external appearance of injury; but it was said that the man had been ill for a few days with cough, accompanied