

When patients with day/night reversal fail to attend out-patient or day hospital facilities, or sleep through their medication times, enquiries should be made as to how the individual is spending his nocturnal waking hours. If a fondness for all-night television contributes to the problem, appropriate counselling can be tried but may fail, as in this case. Perhaps the television companies should strive to improve the quality of broadcast material during normal waking hours!

ROBERT HOWARD

*The Maudsley Hospital
Denmark Hill
London SE5 8AZ*

Toluene-related psychosis

SIR: Further to previous correspondence on this subject (*Journal*, 1989, 155, 132), we would like to address the issue of toluene-related psychosis in the context of solvent abuse. The patient cited in the history below has previously been mentioned in your columns, as he has frequently required treatment for psychotic symptomatology related to inhaling adhesive mixtures.

Case report. A young native Canadian male was readmitted to our unit in a dishevelled state, having been found wandering by the local police. At interview he was disorientated and tremulous, and displayed oculogyric symptomatology. He could give no history at that time. His clouded consciousness precluded full mental state evaluation. He

was commenced on chlorpromazine (50 mg twice daily), and benzotropine was administered to control his oculogyric symptoms.

The patient settled quickly, and within 72 hours his behaviour was quite appropriate at interview, showing no signs of paranoia or disorientation. He revealed that he had changed his brand of solvent, and was now inhaling paint-thinner instead of adhesives. He was fit for discharge within one week of admission, is currently abstaining from solvent inhalation, and is on no medication.

It is notable that this patient settled so quickly on this admission, having previously required months of hospital treatment for episodes of paranoid psychosis related to solvent abuse. The solvent he inhaled prior to this admission was acetone-based, and his clouding of consciousness was short-lived. The inhalation of toluene-based adhesives had previously produced a definite paranoid psychosis in this man, but no such condition was evident on this admission. We suggest that toluene was the agent responsible for the paranoid psychosis in his case; the lipophilic nature of the substance, and its slow excretion from brain tissue, producing a much more protracted cerebral disturbance. We feel that toluene inhalation was a cause of paranoid psychosis, and that extensive inhalation may have major neuropsychiatric consequences.

ALAN BYRNE
TERRY ZIBIN

*Alberta Hospital Ponoka
Box 1000, Ponoka
Alberta T0C 2H0*

A HUNDRED YEARS AGO

Music as a remedy

Most of us have at one time or another been convinced by personal experience of the fact that perception of pain and of grief depend in great measure on our mental attitude for the time being. It grows under observation, wanes if neglected, and is even obliterated for a time if our emotions are strongly acted on by some shock or counter attraction. It is clearly in this way that we must explain the anaesthesia of hypnotism and the soothing effects of harmony in sound. This very sense of calm has, moreover, as a form of rest, a distinctly curative tendency, so that music may to this extent be regarded as a remedy in illness. The ancient healers understood this, and we find accordingly that hardly any prescription or course of treatment was by them regarded as efficacious unless agreeably combined with the allurements of melody or quaintly blended with an incantation. Egyptians, Indians, Greeks, and Romans in

turn wooed in this manner the *vis medicatrix*, and, we cannot doubt, with a fair measure of success. It need hardly excite comment, therefore, that the same attraction of melody has been credited in our own days with a curative property. One of the latest notes on this subject is one which applauds music as an anodyne in gout. The reference, of course, is to the pain endured rather than the malady which occasioned it. This latter is beyond the control of merely neurotic forces. What refinements of molecular change in the sensorium underlie the anaesthesia so readily induced there is as yet no evidence to show. Whatever their nature, however, we may take it for granted that they do occur, and the process which gives rise to them is perhaps not altogether unworthy of experimental use now and then by the modern practitioner.

Reference

Lancet, 25 April 1891, 951.

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