did badly, initially, on tests of cognition and function. On our unit, which acts as a tertiary referral centre, examinations by psychiatry, internal medicine, neurology, neuropsychology, EEG and brain imaging did not show irreversible dementia. Sodium amytal interview proved valuable in one case with the person temporarily reverting to normal; it was contraindicated in two cases on medical grounds, and one patient became extravagant but remained confused. In hospital the four patients were assumed to have an atypical depression and were placed a monoamine oxidase inhibitor (MAOI) drug for several months. Two of these patients made a total recovery in hospital, with one remaining well and the other relapsing after discharge; one remained calmer, but confused, on the medication; and the last made no response. Following discharge one remained well, and the other three required chronic care; one to the point where she needed total nursing care as though she suffered from an irreversible dementia.

What we call this syndrome is a moot point. Hysteria or Briquet's syndrome is a complex matter and readily misdiagnosed (Slater, 1961, 1965). It is often thought to be associated with being young or unsophisticated to the point that Brody (1985), in a discussion of our ageing society and changing illness patterns, wrote that "'conversion hysteria', one of Freud's most frequent diagnoses, seems to have vanished". Kiloh (1961), in emphasising the need for vigilance with depressive pseudodementia, took pains to distinguish it from the hysterical variety. Whitlock (1982) cautioned that the Ganser syndrome of approximate answers may be wrongly equated with a hysterical form, since Ganser did not think that his patients feigned illness. Ganser symptoms are much more common than the syndrome and occur across psychiatry. Lastly, Bulbena & Berrios (1986), in a thorough survey of the topic, questioned the existence of hysterical pseudodementia.

In our group there seemed to be an interaction between anxiety, dysphoric mood and possibly personality and marital relationships. Merely calling the cases depression, or depressive pseudodementia, did not do justice to the clinical picture. The two married ladies did seem dependent. However, they found their husbands controlling, an opinion shared by the ward staff. Neither of these women improved lastingly. Improvements took place in the recently widowed and the previously common law wife. The widow was ambivalent about her marriage, which had not been happy. She continues to do well after one year on phenelzine.

In summary, our four cases are a mixed bunch. The best result was achieved with the lady with the shortest history, who seemed to benefit from phenelzine and widowhood. Sodium amytal interview was not given in her case due to medical contraindications, but proved useful in the other successful MAOI-treated, albeit relapsing, case.

The group exhibited a kind of pseudodementia. This is based on negative findings on investigation and some response to sodium amytal interview and an MAOI drug. The ultimate prognosis is uncertain but generally, in the short term, is grim. The explanation is unclear but the role of unsatisfactory marriages, even lengthy ones, has to be noted. All geriatric psychiatry units need to be aware of these cases and the need for a standard protocol in their assessment and treatment.

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Beclomethasone mania

SIR: In his study of mania in the elderly, Stone (*Journal*, August 1989, **155**, 220–224) suggests that cerebral organic impairment will be increasingly recognised in a multifactorial aetiology. The following case of an unusual drug reaction supports this view.

Case Report: In November 1988 a 69-year-old man had a two-month manic illness. This followed a course of oral prednisolone (reducing from 20 mg/day) for obstructive airways disease. There was no family or previous psychiatric history, and a diagnosis of steroid-induced mania was made. He recovered two months after the onset.

In April 1989 he again developed mania three weeks after starting Beconase (beclomethasone dipropionate) nasal spray for allergic rhinitis. It is suspected that he took twice

the prescribed dose. On admission to hospital he was restless and disinhibited. His speech was pressurised and cirumstantial. He described his mood as "being on top of the world". He also had vivid complex visual hallucinations of animals, and auditory hallucinations of friends talking to him. He was disorientated with poor short and long-term memory function.

His Beconase spray was stopped. He improved over a 6-week period while being treated with haloperidol, and was discharged home. Three months after presentation he was well, other than some slight reduction in short-term memory.

The only abnormal physical investigation was a Computerised tomography brain scan, which showed diffuse cerebral atrophy and a lacuna infarct adjacent to the head of the right caudate nucleus.

Beclomethasone dipropionate is a potent corticosteroid used for the topical treatment of seasonal and perennial rhinitis. It is approximately ten times more potent at a cellular level than prednisolone. The recommended dose is 400 microgrammes per day (two 50 microgramme doses in each nostril twice a day). At this dose its efficacy is similar to 5–10 mg/day of oral prednisolone. Systemic effects do not occur with recommended dosages (Mygind, 1982). At higher doses adrenal suppression has been demonstrated (Harris *et al*, 1974).

Psychiatric effects have not before been reported. This case suggests that mania can follow higher than recommended doses and emphasises the susceptibility of the organically impaired elderly patient to mania.

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A HUNDRED YEARS AGO

Lunatics in Irish workhouses

The total number maintained during the past year amounted to 4,083, the idiot class being composed of 1,903 individuals, 360 of them being epileptic, and the demented of 2,180, of whom 389 were epileptic. On the whole, they are considerately treated, and regarded as special objects of benevolence, while, as infirm or sick, their dietary, which is discretionary with the physicians, is above that given to the ordinary workhouse inmate. The Inspectors of Lunatic Asylums have recommended the advisability of providing in each district one or more poorhouses, so arranged as to accommodate hopeless, aged, and tranquil cases, thereby disembarrassing asylums to a certain extent, and affording means of admitting into them curable and urgent cases at all times, without incurring the erection of new, or the enlargement of existing, asylums, and avoiding an uncalled for expense in their maintenance. If, at the annual rate of £12 or £14 per head, certain classes of the insane can, without any detriment to them, be supported in one institution, there is no reasonable cause why in another their capitation maintenance should amount to £22.

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