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Abstract

Evelyn Waugh, the finest English prose stylist of his time, was not an easy character who drank and used tablets at will, regardless of the consequences.



By 1957 age, health and substance use was catching up with him. There were a range of physical problems, poor memory, periods of disorientation and a writer's block.

To overcome the problems, Waugh took a sea trip to Ceylon, having obtained a fresh supply of bromide from his doctor which he then misplaced, going into withdrawals the first day aboard.

The events that followed were described in his short novella *The Ordeal of Gilbert Pinfold*, his most autobiographical work. The Pinfold character develops a full-blown psychosis with paranoid delusions, hallucinations and thought insertion. Tormented to his limit, he leaves the ship after 3 days and, after going from Cairo to Ceylon, returns home.

His doctor confirms that he has a simple case of bromide poisoning, a diagnosis confirmed by a psychiatrist and physician. Waugh, however, was dissatisfied with the material assessment, seeing it instead as a spiritual challenge to his faith which he had overcome.

The evidence shows that Waugh did not change his ways, continuing to use bromide, chloral, paraldehyde, barbiturates and alcohol.

The development and use of synthetic drugs to change emotions and promote sleep is reviewed.



The desire to take medicine is perhaps the greatest feature which distinguishes man from animals. This produced homo therapeuticus, the medicine-taking animal.

Dr William Osler

Evelyn Waugh was regarded as the finest English prose stylist of his time. No one would deny the power of his writing. Books like *Scoop*, *Vile Bodies* and *Brideshead Revisited* still enthral readers.

Away from his pen, Waugh was a difficult man – a ‘ferocious schoolboy’ even when young.¹ Eliot Slater described him as never properly house-trained.² An unabashed snob, hugely bigoted, opinionated, curmudgeonly and extremely rude, when on song Waugh created as much fear in people as did his friend Randolph Churchill.³ Nor did he lead a monastic lifestyle. Obese, alcoholic, he smoked heavily and self-medicated with tablets at will. Never one to stint himself, he was always in debt.

This is the prelude to the events that led to Waugh’s late novella *The Ordeal of Gilbert Pinfold*.⁴ The introductory chapter (*Portrait of the Artist in Middle Age* pacé James Joyce) give us a remarkably candid view of an intensely private man in his later phase – the only time Waugh brought himself into his novels.

It is not an enticing picture. Corpulent, bigoted and hating just about everything about the modern world (plastics, Picasso, jazz, sunbathing



and on it went). But by 1957 Waugh was not in good shape. Age was creeping up, he was creaking with rheumatism and selective deafness (for which he insisted on using an antiquated ear trumpet when it suited him) and his best writing was behind him."⁵ The welfare state, the loss of empire and (later) Vatican II left him bitter and disillusioned. While Laura, his long-suffering wife, took all of this in her stride, he avoided his children even more than usual. To cap his state of desuetude, he had a massive, seemingly terminal, writer's block – perhaps the most upsetting thing to that most prolific of writers.

Like so many others, Waugh refused to fully acknowledge the slough of despair and, what he did see, he submerged under a sea of chemicals. The Pinfold narrator reveals that he had been relying on chloral and bromide for the past ten years.⁶ Added to this was his daily consumption of alcohol. Giving a good indication of his limited insight, Waugh told his doctor that he had 'practically given up drinking', having 7 bottles of wine and 3 bottles of spirits *a week*.⁷

With this lifestyle, it was no surprise that Waugh had habitual insomnia for which he devised a bespoke solution. He had taken sedatives for twenty-five years. Every night he would swallow a drug cocktail mixed in crème de menthe (to disguise the taste). He convinced his chemist not to dilute the sleeping mix and "passed many hours in welcome unconsciousness".⁸ This consisted of bromide, chloral hydrate, paraldehyde (a bottle a week, which he incorrectly described as laudanum)⁹ - and 40 grains of Sodium Amytal.



To no great surprise, the toxic cocktail that he swilled with unfailing regularity was causing problems. His memory, superb in the past, was failing him with monotonous regularity. Crimson skin blotches appeared at the back of his hands, his complexion was muddy, his body ached and he was clumsy, staggering around.¹⁰ There were even episodes of disorientation – he got lost several times.

Something had to give and his solution was that hardy standby of the upper crust – the sea cruise, in this case to Ceylon (as Sri Lanka was then). He was not alone. The ailing prime minister Anthony Eden (bile duct surgery and amphetamine overdose) took a cruise to New Zealand in 1957 when his career collapsed (and spent the rest of his life wondering what had happened to him).

Waugh's doctor came around but was not told of the concoction he was taking. Both Waugh and his wife realised that his reckless use of choral and bromide was to blame and he decided to stop once aboard; alcohol, paraldehyde and amytal were all ignored. His doctor, unaware of the cocktail Waugh was taking, wrote another prescription for bromide, thereby adding to the mix – an example of how the sick role can be manipulated by the patient as doctors work on the assumption that they are being told the truth.

Waugh's usual disdain for the world around him escalated into a torrid mix of suspiciousness, disgust, withdrawal and introspection. An example of his apprehension was about the black box held by his neighbour (claiming to measure 'life waves'), refusing to accept his



wife's assurances of its benign nature. His reaction has overtones of the machine psychosis described in the last brilliant paper of the doomed Viktor Tausk.¹¹

Waugh boarded the Ocean Liner Staffordshire at Liverpool to sail past Gibraltar, Port Said and Aden to Columbia. It gives some idea of his condition that at Euston Station he mumbled, staggered and dropped his tickets and walking stick.¹² Due to a mistake in packing (another result of his confused state?), his last dose of bromide was taken on the first day but he continued with chloral and alcohol.¹³

From this point, until he returned to London, Waugh becomes the Gilbert Pinfold character so vividly described in the book that was to follow.

Boarding the ship, a strange ambience overtakes Pinfold. He begins to hear strange conversations that soon became plots directed at him. He hears a scene where a sailor at a religious meeting is exhorted to be pure and not to keep pin-up girl pictures beside his bunk. This is followed by obscene exchanges between the passengers and servants.

At first Pinfold attributes this to a fault in the intercom pipes in his cabin, but the intrusive conversations continue. The idea that he is eavesdropping does not last long before the voices turn on him, threatening beatings and abduction. He believes that he hears a gramophone and the man next door has a dog. This progresses to the conviction that a wireless in his rooms is connected to the rest of the



ship. The anxiety that had accompanied him to the ship becomes a keening terror.

Questions to staff and passengers failed to clarify the situation, only leading to baffled responses: He has a disjointed exchange with the steward:

'I'm not very well. I wonder if you could unpack for me?'

'Dinner seven-thirty o'clock, sir.'

'I said, could you unpack lor me?'

'No sir, bar not open in port, sir.'¹⁴

Projective identification takes place, pushing out some of his hidden anxieties onto his surroundings. The voices become scrambled, escalating to come from the skipper, chaplain, first mate, ship's surgeon, retired army officers and sundry passengers. They represent the kind of people that he approves of: public school boys, military officers, upper-class dilettantes and fascist sympathisers.¹⁵ The accusations magnify his deepest prejudices: he is a communist, a homosexual and a Jew ("Peinfeld").

Paranoia soars. Pinfeld believes himself to be humiliated by the BBC interviewer Stephen Black, the Beaverbrook papers (with whom Waugh conducted a running battle and took to court several times), psychologists, a beautiful woman, and other interlocutors. He thought the travel agent was measuring his Life-Waves. His thoughts are echoed back to him – a classic example of Thought Echo



(*Gedankenlautwerden*) found in first-rank symptoms: thoughts spoken aloud.

Pinfold hears more obscene exchanges among the passengers and servants. He believes that he is under the command of Captain Steerforth. Then that he is involved in an international incident involving the Spanish, but blames the "hooligans" who are taunting him.

When the plot fails to unfold, Pinfold thinks it is a hoax by the hooligans and that he is their sole target. Margaret, one of the voices, falls in love with him, reminding Pinfold of love letters he received from readers of his novels. Failing to have an affair with Margaret, the voices cruelly taunt he is impotent. Later he hears a band play a dreadful "three-eight rhythm" which was used by the Gestapo to drive prisoners mad.

Voices in the dining room comment on his drinking and his pills. A program on the wireless denounces him. A song plays itself repeatedly in his head:

I'm Gilbert, the filbert

*The knut with the K.*¹⁶

His strange behaviour was evident to the passengers on the liner. He was seen speaking into a lamp at meals, convinced it was a transmitter.



On numerous occasions, he stood behind his cabin door in overcoat and pyjamas with stick poised ready to repel invaders.

Pinfold wrote a disturbing letter to Laura that he had been accumulatively poisoning himself with chloral in the last six months, remembering that Rossetti's use of it had lead to a suicide attempt, blindness and paralysis. He was waking up 30-40 times a night.¹⁷

After four days it is too much and he decided to return home. He left the ship in Port Said and travelled by train to Cairo where he spends two days before going to Colombo. His departure from the ship notwithstanding, the hallucinations continue; he struggles to expel them from his mind without success.

At Colombo he meets the artist George Keyt, putting on such a good front that he was later shocked to hear that he was so affected.¹⁸ He spends three days there before flying back to London.

It is not clear how long it takes Waugh to get home, but from the information given, Hurst & Hurst estimate that 2-4 weeks elapsed between his last dose of bromide and return home.¹⁹

Collected on his return by Laura, she is shocked by his demeanour and, a new development, a squeaky voice – a sign of bromide toxicity.²⁰

Waugh sees his doctor again, this time revealing his bromide habit, to receive the response that "It sounds like a perfectly simple case of poisoning to me".²¹



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Confronted by this materialist explanation, Waugh turns to the spiritual world, asking his friend, Catholic priest Father Caraman, for an exorcism.²² Caraman, interested in demonology, was not averse to the practice, but refused in this case, responding that while long-range persecution by 'waves' was possible, what Waugh heard had all been said by himself. Instead, he recommended Dr Eric Strauss, the Barts psychiatrist of whom Waugh approved as a fellow Catholic.²³

While Strauss also took seriously Waugh's belief in diabolical possession and his request for exorcism²⁴, he instead attributed the voices to a combination of pills and alcohol²⁵ and gave him a new sleeping medicine.²⁶

He was sent to Dr Cedric Shaw, a chest specialist, who told him that the hallucinations were caused by bromide poisoning, his right antrum was infected - a cause of his worsening hearing²⁷ - he had an hiatus hernia and his teeth were bad. His long-standing insomnia was not caused by narcotic drugs (but no mention of alcohol).²⁸

Waugh, satisfied that he was not insane, refused further treatment. His response to the diagnosis was mixed. While pleased to have bromide poisoning rather than demonic possession – or being insane – he believed that he had overcome the great ordeal by his own efforts²⁹; in short, it had been a spiritual clash with the devil which he had overcome by faith. Buoyed by this, far from being cowed and hiding the news, Waugh triumphantly recounted his experience to his friends.³⁰



Loaded up with more sleeping tablets, his drinking unabated³¹ – showing that none of his doctors had learned anything from the story, Waugh recovered and took up pen to write about his ordeal: “the most exciting thing that ever happened to me.” He started *The Ordeal of Gilbert Pinfold* in 1955; his second last book, it was published two years later.

While writing *Pinfold* Waugh complained that he could only sleep by taking paraldehyde and sodium amytal.³² This could not always be hidden from others. In 1962, someone at a dinner remarked on the smell of ‘escaping gas’, a characteristic feature of paraldehyde use.

DISCUSSION

Sooner or later, the pharmacologist will supply the physician with the means of affecting, in any desired sense, the functions of any physiological element of the body.

T. H. Huxley³³

Self-medicating goes back to the start of human society, first with alcohol (probably beer), followed by opium with some hallucinogenic drugs thrown in along the way. Alcohol dependence and intoxication, physical and emotional changes and withdrawal symptoms are well described through the ages and do not require reiteration.



The mid-nineteenth century was a critical period in the development of modern medicine. Rapid industrialisation in Germany led to the development of the aniline dye industry; from this arose the capacity to stain histological tissues and many other developments. In addition, it was a time of growing asylum populations and high cultural expectations of scientific medicine. Another factor – often forgotten – is the use of the hypodermic syringe which allowed for the rapid intake of high-potency drugs.

Chloral hydrate, the first "modern" psychotropic drug, was synthesized by Justus von Liebig in 1832 and introduced to medicine by the experiments of Oscar Liebreich on the inmates of the Charité' asylum in Berlin and the patients of Rudolf Virchow.³⁴ Its development led to the enormous breakthrough of chloroform for anaesthesia. The synthesis of chloral (and chloroform) were the opening stanzas of the new pharmaceutical chemistry where drugs were produced in a laboratory, not derived from natural preparations.

The use of chloral as a sedative and hypnotic escalated at the end of the nineteenth century. The public took to it with enthusiasm. Some idea of its image in popular imagination can be found in Bram Stoker's *Dracula* (1987) where Dr John Seward praises its hypnotic qualities to assist his sleep.³⁵ It did not take long before a less benign use (much loved by writers of pulp crime stories) was found: the *Mickey Finn*, used to incapacitate an unwitting mark for nefarious purposes.³⁶



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Levin (1931) drew attention to its addictive capacity³⁷, while Chopra pointed out that, unlike other drugs of addiction, chloral was a depressant without any stimulatory effect.³⁸ In 1948 Butler discovered trichloroethanol as the principal active metabolite. It is rapidly absorbed and can have a lengthy half-life.³⁹ Neuropsychiatric changes include withdrawal symptoms, delusions, hallucinations and dependence. Death can occur after doses between 5 and 10 grams.

Descriptions of chloral poisoning are not uncommon. While performing in *Joan of Arc*, the diva Sarah Bernhardt took 120 grains, going into a coma and taking four hours to be revived.⁴⁰ A more recent example is provided by Oliver Sacks who had extensive experience with LSD and amphetamines. In December 1966, going through a bad time, depressed and insomniac, he took chloral to sleep, building over several months up to 15 times the usual dose. The crisis starts when he goes to bed one night without taking his usual dose. At a diner the next morning, the coffee suddenly turns green, a customer paying his bill has a proboscidean head like an elephant seal. Passengers on the bus seem to have smooth white heads like giant eggs with huge glittering eyes which move in sudden jerks.

Realising that he was hallucinating, his only way of controlling the problem was to write down what was happening as “wave after wave of hallucination rolled over me”. When he gets off the bus, the buildings are tossing around like flags blowing in a high wind. Making it back to his apartment, he calls his paediatrician friend Carol to say that he has gone mad.



“What have you stopped taking?”, Carol asks and the penny drops. He had stopped taking a huge amount of chloral the previous night. Not resisting the opportunity to call him a chump, Carol explains that he has a classic case of DT’s, delirium tremens. Learning this comes as an enormous relief to Sacks. He loses his anxiety and even manages to enjoy the myriads of small animals and insects till they stop after 96 hours, leaving him in an exhausted stupor.

Another iconic figure, Marilyn Monroe had chloral in the toxic mix she took on the night of her death in August 1962. This illustrates the point that such drugs are synergistic, making the toxic effects even worse when alcohol is added.

Paraldehyde, that staple in psychiatric wards before chlorpromazine, was first synthesized in 1829 by Wildenbusch and introduced into the UK by the Italian physician Vincenzo Cervello in 1882. Like chloral and bromide, it has addictive qualities^{41 42} as well as adverse interactions with ethanol and chloral.⁴³

Bromide, discovered by Balard in 1826, was used in medicine after 1840. It was the first product used to treat epilepsy before taking on its promiscuous role as a sedative and hypnotic. The first case of toxicity was reported in 1850, but reports escalated dramatically as recognition grew.⁴⁴ The use of bromides for anxiety, insomnia and other neurotic symptoms was common in the first half of the twentieth century. Twentieth-century life was stressful, not least for house-bound wives,



so a product to calm neurotic anxiety and soothe fretful sleep seemed to be just the answer.⁴⁵

Bromide poisoning ('bromism') often presented to doctors and at hospitals. No less a figure than William Osler recognised the use of chloral and bromide for treatment of delirium tremens in alcohol withdrawal states, a reminder of the cross-reaction of sedatives and how they can be used to treat withdrawal states from other drugs when having addictive and intoxication potential themselves.⁴⁶

By 1940 Ulrich was able to measure blood levels. Diethelm (1930) provided a comprehensive description of the picture of toxicity, covering in the process every feature experienced by Waugh and adding, for good measure, how similar the acute poisoning could resemble alcoholic intoxication.⁴⁷

Bromide intoxication was so common because it was present in many patent pain medications. Over 50% of cases in Sensenbach's series (1944) arose from injudicious prescription of bromide by doctors and their failure to recognise symptoms of intoxication – a dictum as valid as ever today.⁴⁸

Peterson *et al* points out that the effects of bromide poisoning depend on the individual's mental state and personality, physical condition and duration and amount of bromide ingestion.⁴⁹ Symptoms include headache, irritability, emotional lability, lethargy, delusions, disorientation, hallucinations, loss of memory, vacuous facies (blank stares), stupor, blurred vision, fabrication, ataxia, confusion, vertigo



and loss of libido. Significantly, alcoholism often accompanied bromism.

Added to this, the mental symptoms always responded much more slowly than the blood levels. Technology was applied and by the 1950s a bromide blood test was available.

Bromide was succeeded by drugs like Miltown (meproamate) and the barbiturates. Once the benzodiazepines came into use (starting with Librium), bromide poisoning became a rare event, unknown to doctors today. The widely-held belief that the military used potassium bromide to suppress sex drive in soldiers is no more than a delicious urban myth.

Moses *et al* list disorientation, stupor, confusion and the dullness of hearing as specific signs of bromism poisoning, without defined stages, all consistent with Pinfold's symptoms.⁵⁰

Max Levin (1948) provides the definitive classification of the stage of bromide poisoning which is worth examining because of its application in this case.⁵¹ Levin makes it clear that one phase tends to overlap with the next and a clear distinction is often impossible.

The first stage is *simple bromide intoxication*. The patient becomes dull, sluggish, forgetful and irritable. The symptoms for which he has been taking the medicine may increase. Neurological symptoms start to appear: pupillary irregularity and sluggishness, tremors, unsteady gait, and thickness of speech. This fits with many of the symptoms Waugh was already displaying *before* he left.



The second stage is *delirium*, characterised by disorientation, restlessness, mood disturbances, delusions, and hallucinations. Pinfold struggles to keep track of time, the date is unclear and he loses the twenty-four hours on the train from London to Liverpool. On the ship he sat in the smoking room gazing blankly ahead. (p. 46). Day and night were disconnected from his waking and sleeping. Pinfold is amazed when told by the Captain they have been at sea only four or five days.

The third and rarest stage is *hallucinosis*, which differs from delirium in that the patient is well oriented. Of this Waugh had an abundance and struggled to maintain his equanimity.

Finally, there is *transitory schizophrenia* with paranoid symptomatology – the term schizophrenia can be replaced by psychosis. Auditory hallucinations are common. It is difficult to see much difference between this and Stage 3. What can be said with certainty is that once the episode is behind him, Waugh was not schizophrenic.

While Levin reported that recovery can take less than a month to a year, Peterson *et al* reduce the period to less than three weeks.

Bromide, chloral and paraldehyde, like so many other medicines, were released with the best of intentions, but it was not long before problems arose. Such drugs typically followed the career paths of the "Seige cycle".⁵² There are three phases: initial enthusiasm and therapeutic



optimism; subsequent negative appraisal; and finally, limited use.⁵³ At first, the use of a new remedy rises quickly in a period of optimism; then some untoward side effect is noted, and the approval wanes rapidly to a low based on mistrust and fear; finally, use stabilizes at a moderate level."⁵⁴ These cycles are not fixed and often overlap.

The case of Evelyn Waugh

Stafford implies that Waugh's psychosis was long-standing, using terms like schizophrenia (after his first wife's desertion 331) and persecution mania (288), for example the obsession that he was the victim of a Beaverbrook conspiracy, vastly over-estimating the tycoon's interest in him (331). The former can be excluded; the latter is more interesting. What may have been characteristic suspiciousness developed into marked overtones of paranoia from 1951. Such responses could be attributed to his long-standing alcohol abuse.

Views on the cause of Waugh's psychosis largely favour bromism (bromide poisoning) with alcoholic hallucinosis coming second.⁵⁵ Slater, arguably the most sceptical commentator, states that given his personality it is no wonder that Evelyn Waugh had a paranoid psychosis; the wonder is that it needed drug intoxication, on top of alcoholism and his increasing deafness, to produce it.⁵⁶

Pitman held an opposing view: Waugh had alcoholic hallucinosis, an occasional accompaniment of alcoholism during the tailing-off of a binge.⁵⁷ The case illustrates the difficulty in distinguishing alcoholic



hallucinosi from psychotic illness. Hearing two or more accusing and threatening unseen voices discussing every action or issuing commands can be symptomatic of both disorders and occurs in clear consciousness. When the patient stops drinking, alcoholic hallucinosi resolves rapidly (and recurs equally quickly when drinking resumes).

On returning home Waugh stops the *sleeping tablets* (at least some of them) and his symptoms resolve. There is no mention that he *stops* drinking and, in view of the long-entrenched pattern of alcohol use, must be considered unlikely. On that basis, alcoholic hallucinosi can be excluded. This is not to downplay its role; Waugh's alcohol use, as Peterson and others point out, was a significant factor in worsening the toxic effects of bromide and chloral.

One factor that needs consideration is Waugh's hearing problems, the severity of which is not known. Sykes refers to his selective deafness in using the ear trumpet only when it suited him. This, however, does not clarify the extent to which he was affected and it is likely that it was more of a problem than recognised. The importance of this is the well-recognised role of deafness in exacerbating paranoid symptoms.⁵⁸

Delirium, which was not as well understood at the time, can be excluded on the grounds that Waugh was always in clear consciousness and did not become disorientated – the confusion engendered by the hallucinations is not the same thing.



This leaves another explanation: the combined effect of all the drugs, suddenly withdrawn, with added alcohol, would constitute a drug-induced psychosis.

Conclusion

By 1957 neuroleptics like chlorpromazine and thioridazine had been released, the tricyclic and MAOI antidepressants were soon to follow and then came the benzodiazepines. The extent to which they were released on the general market is unclear and, as would be expected, many doctors by virtue of their conservative nature, would stick to tried-and-trusted older remedies. Had Waugh's doctors known how he was poisoning himself and put him on drugs like chlorpromazine, imipramine and diazepam, the episode would never have occurred.

What lessons can be learned from Waugh's Pinfoldian episode? Would Waugh, if his drugged state was pointed out, have meekly gone to a doctor to be detoxified and have counselling? No chance at all. He was not alone in that attitude, but creative people often prefer to regulate their inner tensions this way, rather than have it removed by a doctor as if it were a malignant surgical specimen.

A literary giant of impeccable prose style, Waugh's internal life was scarcely neat or well scripted. The most telling comment was made when asked how he could behave so badly as a Christian to which he



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responded that his interlocutor should consider how much worse he would behave without it.

Indulgence was one way of soothing the *afflictionem intoriam* so he could sooth the tossing waves with a mint-flavoured cocktail of pills and float away on a raft of peaceful sleep until it started over again the next morning. In this he was following a well-trodden path and one that will not be short of traffic in future.

There is a chicken-and-egg logic to this. Did the alcohol mix create the unpleasant personality – or did it simply worsen the template within? The latter option is the likely explanation.

Waugh did not simply stop taking bromide and plunge into a withdrawal state. The basis for the psychosis was laid well before, hence the suspicions, confusion and forgetfulness – to say nothing of the characteristic skin changes – before boarding the ship.

In the end, he was far from unique and it was a truly human experience of humbling proportions. Many, as it were, have fallen and some never returned. What made this different was that Waugh had the courage not to suppress the events and walk away, but face it head-on and provide the lasting and well-written account of his doppelganger Pinfold. That took courage.



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- ¹¹ Tausk V (1933) On the origin of the influencing machine in schizophrenia. *Psychoanalytic Quarterly*, 2, 519-55.
- ¹² Martin Stannard. *Evelyn Waugh: No abiding city 1939-1966*. *Ibid* page 344.
- ¹³ From this point, the reference will be to Pinfold representing the Waugh character. Sykes, Christopher. *Evelyn Waugh: A Biography*. *Ibid*, page 63.
- ¹⁴ Sykes, Christopher. *Evelyn Waugh: A Biography*. *Ibid*, pages 40-41.
- ¹⁵ Waugh's views were notoriously right-wing, if not reactionary.
- ¹⁶ Sykes, Christopher. *Evelyn Waugh: A Biography*. *Ibid*, page 95.
- ¹⁷ Martin Stannard. *Evelyn Waugh: No abiding city 1939-1966*. *Ibid* page 342.
- ¹⁸ A.N. Wilson. *Possessed*. LRB 14 May 1992.
- ¹⁹ Mary Jane Hurst, Daniel Hurst. Bromide Poisoning in *The Ordeal Of Gilbert Pinfold*. *Evelyn Waugh Newsletter* Volume 16, Number 2 Autumn, 1982.
- ²⁰ Sykes, Christopher. *Evelyn Waugh: A Biography*. *Ibid.* page 95.
- ²⁰ Martin Stannard. *Evelyn Waugh: No abiding city 1939-1966*. *Ibid* page 363.
- ²¹ Sykes, Christopher. *Evelyn Waugh: A Biography*. *Ibid*, page 231
- ²² Caraman was editor of the Jesuit publication *The Month*.
- ²³ This was not Waugh's first psychiatric contact: doing his Edinburgh course, Waugh had an examination by a psychiatrist regarding his drunkenness. This lasted 90 minutes before Waugh asked: why have you not questioned me about my religion? Sykes, Christopher. *Evelyn Waugh: A Biography*. *Ibid.* page 60.
- ²⁴ Martin Stannard. *Evelyn Waugh: No abiding city 1939-1966*. *Ibid* page 365/366.
- ²⁵ Martin Stannard. *Evelyn Waugh: No abiding city 1939-1966*. *Ibid* page 365.
- ²⁶ See: Slater E. Some Christmas Books: The ordeal of Evelyn Waugh. *Br Med J* 1975; 4: 638. Slater, confusingly, omits mention of Chloral.
- ²⁷ Slater E. Some Christmas Books: The ordeal of Evelyn Waugh. *Ibid.* The infected antrum contributed to his deafness.
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- ²⁹ Sykes, Christopher. *Evelyn Waugh: A Biography*. *Ibid.* page 231.
- ³⁰ Martin Stannard. *Evelyn Waugh: No abiding city 1939-1966*. *Ibid* page 347.
- ³¹ There is an account of a dinner guest in 1962 who commented on the smell of gas, no doubt the characteristic odour of paraldehyde.
- ³² Martin Stannard. *Evelyn Waugh: No abiding city 1939-1966*. *Ibid* page 371.



- ³³ Thomas H. Huxley, "The Connexion of the Biological Sciences with Medicine," *Lancet*, 1881, 2: 272-76, quotation on p. 273.
- ³⁴ Relationships between synthetic dyes and drug entities .pdf
<https://www.utpjournals.press/doi/pdf/10.3138/cbmh.1.2.1>
- ³⁵ *Dracula* provides a remarkably modern insight into the practice of psychiatry at the time.
- ³⁶ <https://hotidioms.com/2011/05/03/slip-him-a-mickey-finn/>: accessed on 31/07/2021. The Mickey Finn is most likely named after the manager and bartender of the Lone Star Saloon and Palm Garden Restaurant, which operated in Chicago from 1896 to 1903 on South State Street in the Chicago Loop neighbourhood. In December 1903, Chicago newspapers documented that a Michael "Mickey" Finn managed the Lone Star Saloon and was accused of using knockout drops to incapacitate and rob some of his customers. The first known written example of the term, according to the Oxford English Dictionary was in 1915.
- ³⁷ Lewin, L. (1931). *Phantastica: Narcotic and Stimulating Drugs*. London, Kegan Paul, Trench, Tubman and Co., Ltd.
- ³⁸ Chopra RN, Chopra GS. Chloral Hydrate and Paraldehyde as Drugs of Addiction. *Ind Med Gaz*. 1932 Sep;67(9):481-486.
- ³⁹ Gauillard J, Cheref S, Vacherontrystram M N, Martin J C. Chloral hydrate: a hypnotic best forgotten? *Encephale*. May-Jun 2002;28(3 Pt 1):200-4.
- ⁴⁰ Bernhardt's Narrow Escape. *New York Times*. June 25, 1890 pge 4.
- ⁴¹ Chopra RN, Chopra GS. Chloral Hydrate and Paraldehyde as Drugs of Addiction. *Ind Med Gaz*. 1932 Sep;67(9):481-486.
- ⁴² López-Muñoz F, Ucha-Udabe R, Alamo C (December 2005). "The history of barbiturates a century after their clinical introduction". *Neuropsychiatric disease and treatment*. 1 (4): 329–43.
- ⁴³ P K Gessner and M P Shakarjian. Interactions of paraldehyde with ethanol and chloral hydrate. *Journal of Pharmacology and Experimental Therapeutics* October 1, 1985, 235 (1) 32-36.
- ⁴⁴ Moses and Klawans, p. 291
- ⁴⁵ The Rolling Stones song "*Mother's Little Helper*", although written much later, sums up the issue perfectly.
- ⁴⁶ Osler W. *The principles and practice of medicine*. 8th ed. New York: Appleton; 1916. p. 398–400.
- ⁴⁷ Diethelm, Oskar. "On Bromide Intoxication." *Journal of Nervous Mental Diseases*, 71 (1930), 151-165 and 278-292. Also adding that it resembled epileptic dementia, a condition that has largely vanished.
- ⁴⁸ Sensenbach W. Bromide Intoxication. *JAMA*. 1944;125(11):769-772.
- ⁴⁹ Peterson, Gerald C. "*Organic Mental Disorders Induced by Drugs or Poisons*." In *Comprehensive Textbook of Psychiatry* /Ill. Eds. Harold Kaplan, Alfred Freedman, and Benjamin Sadock. Third ed., vol. I. Baltimore: Williams & Wilkins, 1980,
- ⁵⁰ Moses, Hamilton Ill and Harold Klawans. "Bromide Intoxication." In *Handbook of Clinical Neurology*. Eds. P. J. Vinken and G. W. Bruyn. Vol. 36. Amsterdam: North-Holland Publishing Co., 1979.
- ⁵¹ Levin M. Bromide psychoses; four varieties. *Am J Psychiatry*. 1948 Jun;104(12):798-800.
- ⁵² Snelders S, Kaplan C, Pieters T. On cannabis, chloral hydrate, and career cycles of psychotropic drugs in medicine. *Bull Hist Med*. 2006 Spring;80(1):95-114.
- ⁵³ Max Seige, "Klinische Erfahrungen mit Neuronal," *Deutsche medizinische Wochenschrift*, 1912, 38: 1828-30. Cited in: Snelders S, Kaplan C, Pieters T. On cannabis, chloral hydrate, and career cycles of psychotropic drugs in medicine. *Ibid*.



⁵⁴ Jacalyn Duffin, *History of Medicine: A Scandalously Short Introduction* (Toronto: University of Toronto Press, 1999), p. 109.

⁵⁵ Mary Jane Hurst, Daniel Hurst. Bromide Poisoning in *The Ordeal Of Gilbert Pinfold*. *Evelyn Waugh Newsletter* Volume 16, Number 2 Autumn, 1982.

⁵⁶ This is the only review found where the role of Waugh's deafness is mentioned.

⁵⁷ Pitman A. The Ordeal of Gilbert Pinfold. *BMJ* 2008; 337.

⁵⁸ Cooper AF, Curry AR, Kay DW, Garside RF, Roth M. Hearing loss in paranoid and affective psychoses of the elderly. *Lancet*. 1974 Oct 12;2(7885):851-4.