PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The usual Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital on Wednesday, 5th November, 1884, at four o'clock, Dr. Rayner, President, in the chair.

The following gentlemen were elected members of the Association, viz. :—Benj. Hall, M.B.Lon., Earlswood Asylum; L. W. Bryant, M.B.Edin., Colney Hatch Asylum; D. G. Johnston, M.B., C.M., Glasgow, Moorcroft, Hillingdon; Edward Howard Paddison, M.D.Lond., Asst. Med. Off. County Asylum, Wandsworth; Edward E. Moore, M.B., Asst. Med. Off. District Asylum, Downpatrick; John Francis Woods, Med. Supt. Hoxton House Asylum, Hoxton; F. J. J. Barnes, M.R.C.P.Ed., F.R.C.S., Asst. Med. Off. Camberwell House, Camberwell.

Dr. W. JULIUS MICKLE exhibited specimens of two hearts and a portion of brain, upon which he made the following remarks, viz. :—The pathological specimens shown are mainly from two necropsies made by me last week. One specimen is that of degeneration and moderate aneurysmal dilatations of the left ventricle of the heart, ending in spontaneous rupture of the wall of the heart. The patient, aged 50, had been for some years in the asylum, and recently had become nearly cured of former pulmonary phthisis. But he had also heart-disease, and this had not undergone cure. Between two and three weeks before death he was seized with some collapse, from which, however, he soon rallied. Subsequently it was noted that the præcordial area of dulness was increased, the apex beat of the heart being scarcely felt, and the cardiac sounds being feebly heard at the apex. A systolic bruit existed at the apex, and was slightly propagated towards the left. For a day or two vomiting occurred at times, and a burning pain was complained of in the præcordial region. The patient was kept quiet and in bed, and the above cardiac signs improved; but later on he died suddenly in the night, whilst lying quietly in bed. The heart was ruptured at the apex of the left ventricle, and 22 fluid ounces of blood and black clot were in the pericardial sac; the way out for the blood being (mainly at least) at the ruptured apex. There were some old pericarditic adhesions over the left side of the left ventricle, and on separating these the heart-wall was torn through, and from the adherent infiltrated clot it was evident that at least a partial præ-mortem tearing of the heart-wall had occurred here, and perhaps complete perforation at a small rent, permitting of a slight hæmorrhage at the time of the collapse, 17 days before death. Aneurysmal bulging of the wall existed here, as well as at the apex; and at these parts the ventricular parietes were thinned and degenerate; partly fibroid, partly fatty. There was also some general dilatation of the left ventricle. In connection with this, is also shown the heart of a former patient, the subject of cardiac bruit, and aged 44; who, while urinating, suddenly sank to the floor, breathed heavily, then vomited and defecated; and when seen by me, immediately afterwards, had turgid, livid face, laboured respiration, small, feeble, thrilling pulse, profuse perspiration, vomiting and unconsciousness. Then respiration ceased, was resumed, became stertorous, panting, and up-and-down in rhythm. Then were noticed:—Right hemiplegia, dilated almost immobile pupils, continued coma; cessation of respiration, return of it under artificial respiration and brandy-enema. Then, vomiting, paler lividity, and finally ceasing respiration. The necropsy showed slight meningeal hæmorrhage; and 5½ fl. ozs. of blood and clot were in the pericardial sac. From the upper and right part of the left ventricle passed a sinuous aneurysmal cavern, lined by a continuation of the endocardium, commencing by an aperture immediately

below the aortic semilunar valve, and passing rightwards behind and below the pulmonary valve, above and in front of the right auricle, thence curving round the right side of the heart, and terminating in a pouch, on the posterior aspect, and between the aortic arch and the right auricle, where was a ruptured slit in the aneurysmal wall and the way out for the blood. The left ventricle was hypertrophied, and had a second cardiac aneurysm behind and to the left of the mitral valve. The recognition of like cases is important, as the lives of the patients may be, possibly, saved or prolonged by securing the avoidance of any strain or excitement, and even if prevention is not feasible, one may be enabled to anticipate the rapid or sudden death, which in these cases immediately follows the actual rupture, when the latter is such as to permit of free hæmorrhage into the pericardial cavity. The remaining recent specimen is one of local acute red softening of grey cerebral cortex. The patient was in advanced pulmonary phthisis, with ulceration of the bowels. Only the symptoms connected with the lesion shown at the meeting are mentioned. Two days before death, sudden right brachial monoplegia came on, sensibility not being abolished. Next day there was also a slight paresis of the right lower limb, but the face was unaffected. The motor palsy of right upper limb was absolutely complete. On the day of death there were spasmodic twitchings of the right hand, and three dextral epileptiform seizures beginning there. On the last two or three days of life there were a few pneumonia patches; respiration also was irregular, of up-and-down rhythm; the relation between the *a.m.* and *p.m.* temperature was reversed, the morning temperature being then the higher; whereas for some months previously (as shown in the charts exhibited) the evening temperature had usually been in excess, and often from 2° to 4° higher than that of the morning.—At the necropsy, among other conditions, the one of principal interest was a patch of acute red softening of the grey cerebral cortex of the upper one inch of the anterior central gyrus, and of the posterior half of those portions of the superior and middle frontal gyri, which are adjacent to each other, and markedly in the superior frontal sulcus itself. This lesion, in the fresh brain, had been very sharply and precisely defined; and as far as it went the case bore out conclusions that have been drawn, from a study and comparison of pathological cases, as to the cerebral cortical fields connected with various departments of the muscular system. For the upper part of the left anterior central gyrus is one of the parts of the cortex specially associated with the right upper limb; as is also the posterior part of the superior and middle frontal convolutions in some, but in far less, degree. Hence the palsy of right arm and convulsive phenomena. That the right leg almost escaped palsy was also of interest in relation to other pathological cases. Had a similar and symmetrical lesion occurred in the right hemisphere, it is probable that the left leg would have been more affected than was the right in this particular case, the left cerebral lesion of which is now shown. The case is mainly of interest from the association of a sharply defined lesion with very definite localized clinical symptoms; from the limitation of that lesion to the cerebral cortex; and from the bearings of the case, therefore, on the question of cortical function and theories of localization.

Dr. Savage submitted a specimen. In the case of a man aged 78, suffering from senile melancholia, he had found on post-mortem examination very considerable disease of the aorta, and in the middle third of the first frontal convolution there was an ulcer three-quarters of an inch across, with a sloughy surface and adhesion of membranes to edges. There were one or two other appearances, but that which he specified was the most marked. Just before death there was a puffing of the side of the face, but in regard to the legs and arms there was nothing worthy of notice. The patient was insane only three weeks from the first. He had married late in life, and started with profound melancholia. It had afterwards been found that there had been a great deal of domestic trouble, and with his bad arteries he had been unable to stand domestic strain.

The PRESIDENT said that pathological specimens such as these were always of interest to the Association. In the asylum post-mortem room nothing was more striking than the extent to which heart-disease could go under the healthy conditions of asylum life. Was Dr. Mickle's case of brain-disease associated with syphilis?

Dr. MICKLE replied that the patient had suffered from primary syphilis—primary sores—but there was no proof of secondary syphilis.

Dr. SAVAGE asked Dr. Mickle whether the mental symptoms were in any way affected by the aneurism. In the only case which he had himself seen of an insane person suffering from well-marked aneurism, he had found that with thoracic pressure there was developed the idea of poisoning; and he had been interested in seeing that case, as he had so often seen cases of delusion of poison associated with lung disease.

Dr. MICKLE said that in the cases of aneurism of the heart the principal thing noticed was a tendency to a depression which he associated with the embarrassed condition of the heart. In that condition the heart not being up to its work, the brain was not sufficiently nourished by a good type of blood. In those cases, too, there were very well marked delusions of bodily injury, one thinking that darts of fire were coming down upon him, and the other being troubled by hydraulic pressure. In thoracic aneurism there was frequently most painful delusion. He had had several cases of cardiac aneurism quite as well marked, but he thought that the second case he had quoted was of extraordinary interest, on account of the curious course which the cavern had taken, and so forth.

Dr. W. H. O. SANKEY said that he had investigated the conditions, according to statistics, of diseases of the heart in connection with ordinary insanity, and Dr. Burman's paper had gone into the subject, but he could not find that there was anything like unanimity of ideas upon it, although he thought Dr. Burman had proved his case that in ordinary insanity there was a greater tendency to disease of the heart than in the population generally. As to aneurism suggesting the idea of suffocation, he did not remember a case, but he had a very curious one in which a woman was always saying she had gas inside her, and after death her gall bladder was found to be distended by gall stones.

The PRESIDENT said he remembered one case of extreme aortic regurgitation, in which there was a good deal of exaltation. The delusions subsided when the heart disease had improved.

Dr. SAVAGE said that they used to be told as students that "mitral meant melancholia." He had had cases in which large hearts had been associated with grand ideas. He had very rarely got anything like aneurism, but had had many dilated hearts. In his experience melancholia had more frequently occurred with mitral than with aortic disease.

Dr. B. B. FOX re-introduced the subject of "Exaltation in Chronic Alcoholism" (see Original Articles, page 233, of the July number). In recapitulating the points upon which he invited discussion, he said that he would remind the members that he did not propose to discuss alcoholic insanity as a whole, but merely one group of symptoms—exalted ideas—and the propositions which he ventured to bring forward were that these exalted ideas were very frequently associated with chronic alcoholism, but that they had much in common with the exaltation of other forms of insanity, more particularly of general paralysis, and that the bodily symptoms which occurred at the same time with them were so extremely similar that it was almost impossible to differentiate the two classes of cases, and in some instances this could only be done by watching the course of the malady. He had also ventured to lay before the Association the theory that these delusions of exaltation, which were usually fixed, constant, and ineradicable, were due to repeated hyperæmia, and therefore owing to organic or structural change, and that little or nothing could be done for their removal. He might say that in looking through the cases of alcoholic insanity in the asylum he had been struck with the large number of

cases suffering from delusions of persecution and suspicion, which seemed to prove that such ideas were nearly always associated with some physical change in the organism. Then, since he read his paper, he had seen one by a New York physician, in which it was stated that strychnia had been found to be almost a specific in these cases, given with quinine and a little gentian. That was, no doubt, a very excellent prescription in cases of chronic dyspepsia, &c., but he had yet to learn whether strychnia had the effect of being an antidote for alcohol.

The PRESIDENT said that he quite agreed with Dr. Fox's suggestion as to sensory hallucinations being associated with vitiated blood in the system. For a long time he had regarded the existence of a very active sensory hallucination as a proof of there being some disease inducing a vitiated condition of the blood either by kidney disease or some other cause, and he thought that if they were to examine all their patients who had very active sensory hallucinations—for instance, of burning of skin and of the application of heat and cold —this would prove to be the case.

Dr. SANKEY asked how they were to distinguish vitiated conditions of the blood. There had recently been an interesting paper on that subject by Dr. Macphail; but he should like to see the same enquiry carried on in regard to patients not in public asylums, where, of course, patients were sometimes not too well fed; and it would be very interesting to see whether this deficiency of the essential elements of the blood were due only to a bad diet or to a morbid state of the blood connected with insanity.

The PRESIDENT remarked that the only case which he could quote upon this point was one of general paralysis, in which a chemical examination had been made for him by Dr. Wynter Blyth, who had described the subject of his examination as "a sort of porridge of blood"—it contained such an excess of all kinds of materials.

Dr. SANKEY said that Dr. Marcet had had an analysis made, but the chemistry of that day was not sufficiently advanced. Probably a microscopical examination would be more likely to give results than a chemical one.

Dr. SAVAGE said that the question of localization and its effects in producing symptoms had always seemed to him, next to general paralysis, the most interesting of subjects; and just as general paralysis proved that almost any variety of disease might be accounted for by loss of higher control, so with alcoholism. They might call to mind the saying of Dr. Wilks, of Guy's, who referred to certain festive dinners and said, "If you watch the men who get drunk from them, you will be able to judge what the symptoms of general paralysis are." He looked upon exaltation of ideas as loss of the highest control and nothing more. Exaltation of ideas, with chronic alcoholism, was very hard to cure, and two years ago he might have said it was incurable; but he had lately found that very active treatment had been attended with benefit. He had only just discharged an Irish doctor who had had delirium tremens, and had suffered from the wildest exaltation. He was going to do wonderful things, cure everybody, take titles, &c.—the ordinary type—boastful and benevolent —a fine-grown fellow, and with every characteristic of general paralysis. That gentleman was sent into Bethlem with a very black mark by the persons who examined him. They both said, "Probably G. P." For months he (Dr. Savage) was in doubt. He blistered his scalp, and did so again and again, keeping the blister open, with the most satisfactory results. He was consequently now more hopeful than he used to be as regards curability. He believed that in most cases persons who had delusions of poisoning and were thoroughly filled by hallucinations of their senses were sufferers from bodily disease, but he did not accept that as a general principle. He had another case of a member of their profession at Bethlem, who was persecuted in the most terrible way by hallucinations of the senses. He had all kinds of tricks played upon him, people interfering with him and injuring him, &c. He was perfectly healthy, but there, perhaps, it was worth saying that it was almost beyond doubt that, having been sleepless, he had used morphia.

Dr. THOMSON mentioned a case of innominate aneurism in a case of imbecility where no delusions were present, either of exaltation or depression.

Mr. HAYES NEWINGTON said that he should be glad if Dr. Fox would inform them from what point of view or upon what basis he had decided upon the cases.

Dr. BAKER referred to a case of a patient with very exalted ideas who had been sent to him as a general paralytic, and concerning whom he was at first in doubt, but he used the Turkish bath and the patient rapidly recovered. He had since had a similar case. Both cases recovered in three or four months. Great care should be exercised in giving opinions in these very doubtful cases, some of which very rapidly recovered as soon as the alcohol was eliminated from the system.

Dr. GRIEVE said that at his asylum at Berbice, British Guiana, about fifty per cent. of the patients were East Indians, who consumed a large quantity of opium and were addicted to the use of cannabis indica. As a rule he saw no cases of general paralysis, and it might be taken as an accepted fact that among the dark races, general paralysis was unknown; but latterly he had watched five or six cases of chronic alcoholism which had exhibited exaltation, followed by physical symptoms resembling general paralysis, and which, after death, had shown undoubted meningeal cerebritis, and he should much have liked to have obtained the opinion of the Association as to whether these cases could be accepted as cases of general paralysis or merely of chronic alcoholism. With regard to the mental symptoms produced by opium, he could only say that after many years' experience he had never been able to connect any case of insanity with the use of opium, but insanity was very often connected with cannabis indica.

Mr. C. M. TUKE said he should like to hear more about Dr. Savage's case of the doctor who was cured by having the blister kept open. No doubt Dr. Savage had some hope from the absence of some symptom which led him to try that means. As regards the association of delusions of poisoning and so forth with physical disease, he might say that he knew of four cases, all of which showed very active delusions of poisoning and burnings, and all sorts of cruelties, and in all those four cases there was physical disease—one had phthisis, two heart disease, and one diabetes.

Dr. SAVAGE said that the reasons which made him think that the case was not one of general paralysis were, first, the very definite history of drink to begin with, and acute onset, also the facts that he had been pursuing his business up to such a point, and that he was under thirty, and single, and an Irishman, with a neurotic temperament. Whenever he again got such a case in which alcohol played a part, he should certainly not hesitate to blister, and, if necessary, to blister freely.

Dr. CLAPHAM said that gentian had been found of service in these cases.

Dr. FOX, in reply, said that he did not wish to state broadly that persons who suffered from these exalted ideas in chronic alcoholism never recovered; but that they very rarely recovered, and usually did not do so. He suggested that a great deal depended upon the length of time that the exalted delusions had appeared and lasted. One of the cases he had referred to had recovered, and in that case the patient had only been ill a month. His opinion was supported by Griesinger, who said that when those conditions had lasted six months, there was very little hope of the patient's actual recovery. As to what Mr. Hayes Newington had asked, he might say that he took a great deal of tróuble. He scarcely attached any weight to the ordinary statement; but pursued the course which he had been taught at Bethlem. He saw the patient's friends and submitted to them a list of questions, and although he had been told that he would have great difficulty in getting those questions answered, he had never yet experienced a single refusal, and had got, as he believed, candid and truthful answers. It was upon those answers that he had based the remarks he made in his paper. He had found it very difficult to distinguish between chronic alcoholism and general paralysis.

In reply to further inquiry by Dr. Fox, Dr. GRIEVE said that he believed that cannabis indica produced quite as much chronic insanity as alcohol, but of a very different type. In the former there was a marked absence of all motor symptoms—no tremor. Probably the secondary effects of the two poisons bore the same relations to each other as the primary effects; and as cannabis indica was, as it were, less degrading than alcohol, so the chronic insanity arising from Indian hemp was limited much more to the higher centres than chronic alcoholism.

Dr. SAVAGE then read a Paper "On Cases of Delirium Tremens passing into Mania" (see Original Articles), and discussion was resumed on the two papers together.

The PRESIDENT said that they would probably agree with Dr. Savage, that delirium tremens and all forms of mental disturbance arose in acute febrile attacks, and were more common in the neurotic than in the non-neurotic classes. The brain fever which they heard of was very frequently delirium dependent upon the febrile condition.

Mr. HAYES NEWINGTON said that Dr. Fox had rather misconceived the object of his question to him, which was to ascertain if he had been able to get at any history, not of the amount of drink, but of the nature of the drink. Much depended upon the material which had upset the patient. He had seen a great deal of insanity arising from strong liquor, both in England and Scotland, and he could not help being struck by the great difference between the two in that respect; and in analysing a great number of cases it should be considered whether the patient, like the London cabman, had being going into the gin palace and having his three-pennyworth of gin without anything, or whether he drank as a well-ordered Scotchman, taking a quantity of whiskey with a large quantity of hot water and drinking it in the evening. Naturally, if a man drank enough alcohol to poison him right off, his mental symptoms would differ from the symptoms arising from the long-continued ingestion of poison in the shape of beer. So also with regard to chloroform and opiates. As bearing upon Dr. Savage's paper, he quoted a case in which a tendency either towards drink or opium could be traced through an entire family.

Dr. FOX said that in the majority of his cases the individuals had a very miscellaneous taste, but preferred to have their poison in the most concentrated form possible, and as a rule drank spirits. There was one who had very exalted notions, and who stuck to wine. His physical appearance bore out the idea, for he was fat, and round, and jolly. He came in craving for sherry, and kept up his craving for it all his life. He (Dr. Fox) was sorry that he could not state distinctly the definite relation between the form of the alcohol consumed and the form of the insanity, but, as a general statement, he might say that most of the cases to which he alluded in his paper were spirit drinkers to some degree. With respect to Dr. Savage's paper, it was to be remembered that they saw so many more neurotic cases than other cases, and it was consequently difficult for them to answer the question involved in it. For his own part, he thought that drink bred truly, and he could quote some cases to prove this, but his knowledge of the progeny of drunkards was too limited for him to answer Dr. Savage's question. Certainly, as far as his own experience went, it would be that a neurosis of drink was more frequently transmitted to successive generations in the same form.

Mr. C. M. TUKE mentioned the case of a lady who was taken with very acute mania after an operation on the breast, treated antiseptically. There was always great difficulty in keeping the wound properly bandaged. It was dressed as usual, and the operation evidently terminated favourably. The lady has been perfectly impervious to narcotics, many having been tried, and it was almost impossible for her to get any sleep, but when the wound was dressed she was placed under chloroform, and almost invariably slept four or five hours, or even longer. He had never heard of any case of acute mania in which chloroform had been given to procure sleep, but in this case it certainly did procure sleep, and very materially benefited the patient.

Dr. SANKEY said that the chronic results of alcoholism might take pretty nearly any form; they might come out in intellectual disturbance, or they might go into motor disturbances and resemble some of the spinal affections described in the Pathological Society's papers. Although he had never yet seen a case in which there was exaltation resembling that which occurred in general paralysis, he had seen various other disturbances, particularly with delusions and symptoms of poisoning and bodily harm, and that not only after drink, but in the delirium after fever. During the time he was at the Fever Hospital he had altogether under his care some 8,000 cases of fever of various kinds, and out of that number there were eight or ten cases of delirium remaining after fever, and of those two were permanently insane. As regards alcohol, however, it was generally supposed that when it became—as to its chronic effects—a foreign body in the blood, it might, according to the area it affected, produce certain symptoms. Many of those cases, formerly called mania a potu, certainly closely resembled general paralysis, but to the practised eye the appearances were different. He certainly did not think that alcoholism was incurable. He had had a gentleman who drank so hard that his hand got to shake so that he could no longer carry the glass to his mouth, and his memory was so bad that he could not tell when he had drunk last. His modicum was one bottle of brandy per diem. When he came under treatment that was gradually reduced, and in about three months he got perfectly well. He lived long afterwards, and became chairman of one of the largest public concerns. In these cases there is generally a little imbecility left, but this gentleman got quite well. He had been drinking for many years, and had become quite a chronic case.

Dr. SAVAGE said he quite agreed with Mr. Hayes Newington, that it was of the greatest importance to know what kind of drink had upset the man. As far as he could see, he was inclined to think that a very strong stimulus, such as gin or whiskey, was much more likely to permanently upset than a weaker kind. He was afraid he did not make his remarks as to inheritance sufficiently clear. He rather wanted to trace the effect of the alcohol in cases which were descended, not from alcoholic parents, but from neurotic parents. He quite accepted Dr. Fox's remark upon this point. Seeing neurosis on all sides they were inclined to forget that there were non-neurotics outside. As to chloroform, they had seen several cases in which insanity had followed operations. He saw a case of ovariotomy at St. George's Hospital. Within twenty-four hours after a successful operation, acute mania set in, and the patient died. The brain showed nothing special, but the acute mania in a person who had suffered from so severe a shock was enough to kill her. In some cases of small operations the chloroform might have set up the disturbance, though, of course, it might be said that the simple shock might have done it, or that even the idea of being in a hospital might have had something to do with it. But as regards the use of chloroform, he could quote a case of a young Greek girl upon whom, having tried everything else unsuccessfully, they tried chloroform as long as they dared, and he was then astonished to see her first return of consciousness exhibited by her putting her fingers to her nose. He was very much interested in Dr. Sankey's experience as to febrile cases. Of course, they only got cases which were insane—some with the history of fever. He had had a case (the third in a family) where a girl had had scarlet fever. The delirium passed off, and the most marked eroticism exhibited itself; and then the patient passed into a condition of profound depression, from which she had only recently recovered. The cases he had referred to in his paper, were distinctly cases of delirium tremens, following upon a somewhat prolonged course of drunkenness.

A Quarterly Meeting of the Medico-Psychological Association was held in the rooms of the Literary and Antiquarian Society, Perth, on Friday, 21st November. Present: Drs. Campbell (Murthly), Clark (Bothwell), Clouston (Edin-

burgh), Howden (Montrose), Macphail (Garlands), Rorie (Dundee), Rutherford (Dumfries), Turnbull (Cupar), Urquhart (Perth), Yellowlees (Glasgow). Dr. Urquhart in the chair.

William R. Watson, L.R.C.P., and S.Edin., Medical Superintendent, Govan Parochial Asylum, was elected a member of the Association.

Dr. HOWDEN (Montrose) showed a fire escape which was exhibited in the Health Exhibition by H. T. Bailey, Blackheath, and which seemed well adapted for use in asylums and hospitals. It consists of a long canvas tube or shute, two feet in diameter, suspended from an iron cage framework, which is fixed and folds up under an ordinary dressing table at the window. When the lower sash of the window is opened, the shute can at once be thrown out, and persons can descend with great rapidity and safety.

Case of Compensatory Hypertrophy of the Calvarium, covering an Atrophied Hemisphere of the Brain.—Dr. Clouston showed the brain and calvarium of a case of "Infantile Paralysis," who since birth had had the left side paralysed, and in whom the limbs on that side remained stunted and contracted. The patient had also been idiotic and epileptic. He had died of catarrhal pneumonia at the age of twenty. The skull was asymmetrical, and the right sides of the frontal, sphenoid, parietal, and occipital bones had been found to be greatly thickened in comparison with the left halves of these bones, while the whole of the bones of the skull were more or less hypertrophied. The frontal sinuses of both sides were enormously enlarged, running backwards over the whole of the orbital plate on the right side. The os frontis was $\frac{9}{16}$ inch thick on the right side, this being $\frac{1}{8}$ inch thicker than on the left. The sphenoid was much thickened on its cranial surface, presenting a rough, irregular surface, as if large nodules of solid osseous substance had been deposited on its surface. The crista galli was large, irregular, thick and solid, and the right middle fossa was considerably smaller than the left, being filled up, as it were, by a thickened inner table of the skull. The brain generally was much atrophied, and the convolutions poorly developed, but the right hemisphere of the cerebrum much more markedly so than the left. The former weighed 10 ozs., the latter 17 ozs. The atrophy, while general in the whole of the right hemisphere, assumed a markedly localised form in the frontal region. The ascending parietal, ascending frontal, and posterior portions of the middle and inferior frontal convolutions had almost disappeared, only little fibrous tissue being left over these wasted convolutions; there was a greatly hypertrophied pia-mater and arachnoid. The membranes generally were thickened, and there was, of course, much cerebro-spinal fluid. The ventricular surface of the right corpus striatum was ridgy from atrophic depressions. Altogether the pathological appearances of the surface of the brain resembled some cases of syphilitic arteritis of slow progression.

Dr. HOWDEN referred to a case of atrophy of the right hemisphere of the cerebrum and left side of the cerebellum, with atrophy of left side of the body, which he published in the "Journal of Anatomy and Physiology" for May, 1875. The case was that of a woman who died at the age of 34. She was epileptic, weak-minded, and irritable; there was muscular atrophy and contraction of the left side of the body. Occasionally after the fits she became excited, but at other times showed no symptoms of insanity. The right cerebral hemisphere and the right half of the pons were atrophied, as also the anterior pyramid and restiform body of the medulla, while the left cerebellar lobe, the sub-peduncular lobe, and the amygdala were atrophied on the left side. There were two remarkable pear-shaped bodies, each 15 mm. in their greatest diameter, depending from the anterior and inferior surface of the corpus callosum. The right lateral ventricle was greatly distended with fluid, and a gritty deposit, the size of a pea, was found in the substance of the corpus callosum. The brain measurements were as follow :—

CERBERUM.	Right	Left.
Length of hemisphere	... 144 mm.	166 mm.
Ditto of ant. lobe to fiss. of sylvius	... 35 „	53½ „
Ditto of post. lobe to ant. extremity of middle lobe	... 112 „	125 „

CEREEBLLUM.	Right.	Left.
Transverse diam. from margin of medulla to outer edge of hemisphere	45 mm.	37½ mm.
MEDULLA.		
Breadth of anterior pyramid...	5 „	7 „

The brain is preserved in the Anatomical Museum of the Edinburgh University.

Dr. RUTHERFORD MACPHAIL read a paper on *A Case of Insanity Associated with Addison's Disease* (Original Articles, page 488).

The CHAIRMAN complimented Dr. Macphail on his very interesting paper, which illustrated the importance of bearing in mind that asylum-physicians should not lose sight of the importance of the careful study of general diseases.

Dr. CAMPBELL mentioned a case of Addison's Disease occurring sixteen years after what seemed to be hip-joint disease of two years' standing.

Dr. YELLOWLEES said that the last clause of Dr. Macphail's highly interesting paper was to his mind the most practical. The Addison's Disease may have been a mere coincidence. There is a tendency to associate coincident diseases as cause and effect, while it should be borne in mind that the insane are liable, like other people, to nearly all the diseases that afflict humanity.

Handbook for the Use of Attendants on the Insane.—The meeting then proceeded to revise the proof of the "Handbook for the Use of Attendants on the Insane," prepared by the sub-committee appointed at the Quarterly Meeting of the Association, held in Glasgow on 21st February last, which occupied the remaining time at the disposal of the members.

Special Subjects for Discussion.—Dr. HOWDEN suggested that when any subject is specially brought up for discussion stylographic copies of the paper introducing the subject should be circulated among the members with the notices calling the meeting.

BRITISH MEDICAL ASSOCIATION, BELFAST, 1884.

(DISCUSSION ON DR. D. H. TUKE'S PAPER. *)

Dr. NORMAN KERR said they must all welcome the extraordinary reduction in the amount of intoxicating liquor consumed in asylums throughout the kingdom. Dr. Lindsay, to whom Dr. Tuke had referred, had conducted a very satisfactory experiment in the Derby County Asylum, extending now over a year and a half, during which period no beer, no wine or spirits had been given to the staff or to patients, except as a medicinal remedy. Dr. Lindsay reported that neither he, nor the Committee of Management, nor the Visiting Justices, had anything to regret in the change, and they had no desire to return to the old régime. After deducting the liberal allowance to the attendants and officers, instead of beer, and the extras to patients, there had been a saving during the twelve months of £410. In the treatment of the sick, the cost for alcohol had greatly decreased, while there had been an increased expenditure on milk, beef-tea, and eggs. The average cost for alcohol had been reduced from 2d. per patient per week to ½d. The health neither of the well nor of the sick had suffered, the death-rate, in fact, having been slightly less than during the period of freer alcoholic consumption. In the West Riding Asylum, Dr. Major found no injurious result from the withdrawal of alcohol. The meat allowance had been increased, and there had been an extra supply of bread and cheese. Dr. Kerr thought the data at present available did not warrant any positive conclusion as to the lowering or raising of the mortality among the insane by the exclusion of intoxicating drink, though there was a reasonable presumption of the former; but there could be no doubt that no bad effects would ensue. This being so, it was very desirable to reduce to the lowest possible extent the

* See "On Alcohol in Asylums, chiefly as a Beverage." See Original Articles, p. 535.