

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT
BRITAIN AND IRELAND.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital on Friday, 16th November, 1888. The chair was occupied by Dr. Clouston, the President, and among those present were Drs. G. Amsden, R. Baker, Fletcher Beach, A. H. Boys, D. Bower, T. A. Chapman, E. Marriott Cooke, James Chambers, Edward East, Bonville B. Fox, J. S. Grubb, Theo. B. Hyslop, W. W. Ireland, W. J. Mickle, J. D. Mortimer, M. D. Macleod, H. Hayes Newington, J. H. Paul, Alonzo Stocker, S. A. K. Strahan, G. H. Savage, Percy Smith, D. Hack Tuke, C. M. Tuke, F. Wyatt Thurnam, Ernest W. White, J. F. Woods, E. B. Whitcombe, T. Outterson Wood, Lionel A. Weatherley, etc.

The PRESIDENT announced that Dr. Rayner had, through ill-health, been obliged to resign the General Secretaryship of the Association, and that the Council had requested Dr. Savage to act in his place until the next annual meeting, at which the permanent office of Secretary had to be filled up. They all most deeply regretted that Dr. Rayner, their most courteous and faithful Secretary, had had so to resign. The Council had decided that the next Quarterly Meeting should be a combined north and south meeting, somewhere in the North of England, in the month of March.

Dr. FLETCHER BEACH mentioned a case in which, poultices on tow having been applied to an imbecile boy, he had eaten a quantity of the tow, which was found in the descending colon after death. The important point was that at the time there was an epidemic of typhoid in the Institution, and the symptoms in this boy being exactly similar to those of typhoid, he was moved into the enteric ward and treated accordingly. He imagined the course of events was this—that the boy having, at different times, swallowed portions of the tow, the concretions came together in the descending colon and there acted as a sponge. As the fæcal matter descended it was absorbed by the tow and then, when peristaltic action came on, the material passed out and resembled very much the pea soup coloured material seen in cases of typhoid fever. No spots were found, but the same thing occurred in many other of the cases, which were all mild ones.

Dr. MACLEOD said that they had had a severe epidemic of typhoid, and he knew that every case of illness at that time, till the contrary was proved, was put down as a case of typhoid. In one case a woman had all the thermometric symptoms of typhoid for about two days, but as there was some doubt about the case a minute examination was made, and it was found that she had an ordinary abscess round the rectum, which they opened at once, and the fever subsided. There were many cases of inflammatory diseases, especially of the intestines, in which the temperature very much resembled that of typhoid fever.

Dr. BEACH said the boy lived for a fortnight after his removal to the Infirmary, and during the whole of that time the symptoms were those resembling typhoid. It was only at the post-mortem that they found the large concretion in the bowel.

Dr. FLETCHER BEACH exhibited a case of tumour and cysts of the cerebellum. The case was that of T. A. C., aged twelve years, a hydrocephalic imbecile, of low type, perfectly helpless, who lay in bed on his back with his head bored into the pillow. The parental history was good. He died suddenly, and at the post-mortem, thirty-four hours after death, the non-congested dura mater was found adherent along the lines of the coronal and sagittal sutures, and there

was great difficulty in removing the dura mater. On removing the dura mater the brain presented a uniform smooth appearance, due to the presence of fluid in the lateral ventricles. The sulci were quite obliterated. The convolutions were very simple, in some cases being nearly an inch in width. The brain substance was not congested. On slicing through the brain the lateral ventricles were found to be widely dilated, and contained a quantity of fluid which, with that which escaped on removing the brain, measured about a pint. On looking at the base of the brain the left lobe of the cerebellum was seen to be distended with fluid, and presented a light yellowish colour. The thin cerebellar substance gave way on examining it, and a thin-walled cyst containing fluid came out together with other fluid and collapsed as soon as it had escaped. The cyst-wall appeared to be of a fibrous texture. On examining the right lobe it was found also to contain fluid, but contained no secondary cyst. The fluid was of a straw colour, and differed from that contained in the lateral ventricles, which was colourless. On again looking at the left lobe of the cerebellum a somewhat firm tumour, about the size of a Brazil nut and pinkish in colour, was seen adherent to the inner surface. Both the brain and cerebellar substance were very soft, and the wall between the two lateral ventricles was represented by only a few threads of brain substance. The brain weighed 38½oz. After the fluid had drained away the cerebellum alone weighed 6½oz. The cause of death was, no doubt, paralysis of the inhibitory nerve of the heart, due to pressure of fluid on its origin in the fourth ventricle. His reason for showing the specimen was, that although tumours of the cerebellum were fairly common, he was not aware that cysts of the cerebellum containing secondary cysts were equally common, and on that point he would like to have the opinions of the members of the Association.

The PRESIDENT, after expressing their thanks to Dr. Beach, asked for information as to the best mode of preserving a specimen temporarily for the purpose of exhibition to students. A weak solution of chloral in water did very well, and he had lately seen paraffin tried very successfully. He did not know whether it would preserve a specimen permanently, but it did not discolour or alter the specimen like spirit or one of the ordinary reagents.

Dr. STRONG said that glycerine, diluted one half, kept brain not only without changing colour, but prevented softening.

Dr. PERCY SMITH showed a spinal cord taken from a general paralytic. There had been paralysis on the right side associated with very marked aphasia. At the post-mortem they found hæmorrhagic pachymeningitis on the posterior surface of the dura mater outside, between it and the bone, and not inside the dura mater at all. He had certainly never seen such a specimen before, and Dr. Savage considered it very rare.

The PRESIDENT asked if the case was one of general paralysis of the ordinary cortical type.

Dr. PERCY SMITH said it was one of the cortical type. The reflexes were exaggerated.

The PRESIDENT said that he had, on at least two occasions, discovered the same lesion in cases of general paralysis, one being Westphal's tabic form of general paralysis, where the case had begun as one of locomotor ataxy for years before the symptoms of general paralysis had developed themselves. He thought a discussion on the origin of such hæmorrhage would be very interesting as to whether this hæmorrhagic deposit had anything whatever to do with inflammation or was a mere effusion of blood; whether it had a special connection with the peculiar conditions of blood pressure existing in the closed box of the skull and the nearly closed box of the spinal cord; and, lastly, what relation such false membranes had to the cerebro-spinal fluid and the obstruction of the lymphatic spaces.

Dr. MICKLE said the case brought forward was comparatively rare in con-

sequence of the situation of the hæmorrhage. In the majority of cases in the insane where there was hæmorrhage connected with the cord it was internal to the dura mater. In this case the hæmorrhage was immediately adjoining the bone. In the same way one occasionally found in the cranium hæmorrhage outside the dura mater, between the dura mater and the cranium, but such cases were distinctly rare, and in the vast majority the hæmorrhage was inside the dura mater. The majority of observers in this country held to the hæmorrhagic origin of the cysts in question, and for his part what he had seen usually appeared to him to be hæmorrhagic, but that in some the hæmorrhage had nothing to do with the dura mater, but took place from the soft meninges and meningeal veins. The vast majority of cases occurred in the cranial cavity, the spinal cord being only affected in a small number, perhaps two or three per cent. In reply to the President, he said in one form of chronic inflammation of the dura mater, it lost its usual smoothness, and had a ragged or rusty appearance. Here, in fact, there is slight oozing of blood, or a blood-stained state; but in the majority of the cases of hæmatoma, or (avoiding a term which committed one to the hæmorrhagic theory of the nature of the formation) of "arachnoid cyst," which he had seen there was not the particular state of dura just described.

The PRESIDENT asked what was the explanation of a case where in a thick layer of membrane between the dura and the arachnoid, formed chiefly of a non-stained material, they had a sort of semi-gelatinous, semi-fibrous material constituting the membrane without much hæmorrhagic stain.

Dr. MICKLE said that was simply due to the absorbent changes that had occurred in the past: the blood was diffused over the meningeal surface, at first the coagulated portion of blood remained, later the blood corpuscles broke down, they and their pigment to a large extent disappeared, and only some of the stain was left. Simultaneously the clot had become organized.

Dr. SAVAGE mentioned three cases of hæmorrhage certainly not outside the dura mater. In one there was pachymeningitis in the cervical region and also in the lower dorsal region, so that there was a clear space between the two in which there was no pachymeningitis or any new form of membrane. In another case there was general disorganization and very chronic changes; while in a third, a case of almost sudden death in a young paralytic, it was found there was a large fresh hæmorrhage pressing upon the cervical region producing very high temperature and complete paraplegia, so that there was hæmorrhage surrounding and compressing the whole of the cord, killing suddenly. He had, however, never met with a case like that exhibited. It seemed, however, that in general hospitals they were diagnosing more than was done in asylums, for only a short time ago at one of the general hospitals they pointed out to him a case in which they were quite sure that the patient was suffering from pachymeningitis of the cord.

Dr. MICKLE mentioned that some years ago Dr. Savage himself had published a case like that exhibited (laughter).

The PRESIDENT agreed that this affection had nothing whatever to do with any inflammation. It was improperly termed pachymeningitis, and their German friends had tended to mislead by giving it this erroneous name, even though they called it hæmorrhagic. That there was a hæmorrhagic element in most cases was quite certain, but that was not the only element. No doubt it had the closest relationship pathologically with hematoma, but the peculiar formation of that false membrane required very peculiar conditions of blood-pressure inside the cranium to produce it. He thought they were connected with sudden contractions and vaso-motor irritations of the blood-vessels of the brain which were themselves in a diseased condition. It was no doubt very rare indeed to find it in the folds between the actual layers of the dura. He said this paper opened up the very important question of so-called substitutory or compensatory products within the cranium. They knew how very common

it was in shrinkages in every portion of the brain to have other structures thickened in the immediate region. There were great thickenings, and great incrustations of the bone in certain cases of brain atrophy. One of the important questions was this, especially in the apparent over-development of the neuroglia in sclerosis, did that result from the destruction and atrophy of nerve substance, leaving the neuroglia while all neurine had disappeared, or was it an actual over-development of the neuroglia which had by its pressure killed the neurine?

Dr. PERCY SMITH said in some respects this case corresponded pathologically with a case he brought forward some years ago—that of a youth of eighteen with an extremely atrophied brain. At the post-mortem very extensive hæmorrhagic cysts were found, but no sign of any thrombosis. Everything went to show that it was purely hæmorrhagic, not inflammatory in any way.

Dr. IRELAND did not see how there could be shrinkage at all in a closed skull. Where did the shrinkage begin if they admitted the brain to be a closed cavity?

Dr. MICKLE said the occurrence of those cysts in an atrophied brain was certainly a very strong argument in favour of the hæmorrhagic theory. One of the most frequent kind of cases in which those cysts were found was in senile dements who had had atheroma. That appeared to be in favour of the theory that the condition was hæmorrhagic, and would a little disfavour the fact that it was due to vaso-motor changes. The question so well raised by Dr. Ireland was one that would occupy a whole session to go into. No doubt the case brought forward was one in which the shrinkage must have been very gradual, allowing time for the cerebro-spinal fluid to be formed in increased quantity and fill up the space, or, as often happened, hæmorrhage occurring, the space became filled by the hæmatomata (or “arachnoid cysts”) which had been formed.

Dr. SAVAGE asked whether it was common or not to find similar changes in the calvaria to those described by Mr. Plaxton. In one or two cases he had seen that over the pachymeningitic membrane there had been a very great amount of rugosity and in some cases a good deal of thickening of the bone.

The PRESIDENT thought they had all noted that peculiar change in the bone to which Dr. Savage referred, but whether such changes might be regarded as compensatory or irritative was a moot pathological question.

Dr. HACK TUKE exhibited the photograph of an idiot he had seen in the asylum at Ghent, of which Dr. Morel was superintendent. The prognathism was very extraordinary and the general appearance suggested the “missing link.” Although a congenital idiot, he had, by dint of great care and education, acquired a certain amount of knowledge. He was now 34 years of age and, in addition to this singular physiognomy and lordosis, which was very marked, he had a tumour hanging from the neck, a molluscum fibrosum pendulosum, which had been removed since the photograph was taken. He (Dr. Tuke) would also pass round the photo of a microcephalic idiot he had seen at the same time, and of which Dr. Morel had most kindly sent him this photograph.

Dr. TUKE then read a paper “On the Boarding-out of Pauper Lunatics in Scotland.” (See Original Articles.)

The PRESIDENT said the Association was very much indebted to Dr. Tuke for his paper. He would now invite discussion upon it.

Dr. NEWINGTON said the rate of 13s. 7d. per week given as the rate of cost in the Woodilee Asylum could not be contrasted with the cost of pauper lunatics in England, which was much less.

The PRESIDENT said each English lunatic cost over £35 a year, including maintenance and capital expended, together with the instalments towards paying off debt.

Dr. MACLEOD said that the weekly charge for pauper patients at the East Riding Asylum, in 1887, was 8s. 9d.

The PRESIDENT said that unquestionably did not include the cost of the original building with the annual repayments.

Mr. LIONEL WEATHERLY asked whether supervision in Scotland was made not

only by the parish doctor and Deputy-Commissioner, but also by the Poor Law Inspector.

Dr. TUKE said that was the case.

Mr. WEATHERLY thought that would make a difference. In England they had no visitor except the Medical Officer, who made a visit once a quarter. Unless, therefore, a pauper lunatic happened to be ill, he would only be visited once a year. There was no other supervision at all. The guardians of the poor never visited the pauper lunatics.

Dr. IRELAND said that as a rule he would lay little stress upon any visits which the guardians might make, and even those of the parochial doctors were apt to fall into a routine; but the inspection of the Deputy-Commissioners could be depended upon. The system of boarding-out ordinary paupers was first taken up by the Board of Supervision and they considered it a great success. The treatment of the lunatics, however, depended very much upon the character of the people with whom they were boarded. If very poor they were apt to try and make money out of the lunatics, but in some cases they were very kind. In order to arrive at a general conclusion it would be necessary to visit a great number of such cases, and it should not be known before hand that the visitor was coming. He had always thought it possible to teach idiots a great many things, even after they had grown up, but it could hardly be supposed that crofters and handloom weavers would take any trouble in the education of such persons boarded with them. He thought it possible that as the crofters acquired fixity of tenure and reached the condition of peasant proprietors they might refuse to take lunatics, and, therefore, it would be very difficult to extend the system. He should, however, recommend its adoption as far as possible for chronic demented cases, as he believed that on the whole they were happier when so dealt with than they would be in large asylums. He did not know that it was argued that they were better treated because the same thing held good with sane paupers, who, although they might be better fed in the poor-house, were relieved from its restraint when boarded-out in the villages.

Dr. CHAPMAN said the difference between the English and Scotch system was very much a question of money. The usual allowance in England to an insane pauper at home was 2s. 6d. a week, and an allowance of 3s. or 4s. was quite exceptional. The official supervision was that of the Medical Officer of the Union, who visited once a quarter. It was, in fact, a branch of ordinary out-door relief. Such pauper lunatics were, as a rule, residing with their own relatives. With regard to statistics, they could be easily got out by the Commissioners in Lunacy, who had the quarterly returns from the several Unions, which only wanted tabulating. He did not think they would be able to get the special caretakers in England as they did in Scotland; the amount of accommodation in cottagers' dwellings would not admit of their taking in pauper lunatics. What was wanted was to let the patient's friends maintain him more frequently than they did, and to have better supervision to see that patients were properly taken care of. In that way the number of patients boarded out in England would be much increased, but it would not amount to such an extensive system as in Scotland.

Dr. AMSDEN said that having idiot children sent to him at six or seven years old, and finding that on their being placed among older patients they learnt all that was bad and nothing that was good, he thought it was most fitting that special provision should be made for such children. He went to the Commissioners to know what he was to do. The reply was that he was only in the same condition as many others. He asked if there would be any objection to his boarding these children out if he could find suitable caretakers for them among his attendants, and the Commissioners said that under the circumstances there would not. He then selected two children, a girl and a boy, age six and seven, and placed them with suitable attendants, and he was bound to say that the results had been most satisfactory. A great deal of trouble had been taken with the children, and they had improved and actually learnt something. He would

prefer their being in some asylum which contained all the facilities for teaching, but as a temporary expedient, at any rate, it had been a marked success. The visitation consisted of a visit from himself once a week.

The PRESIDENT said they would all agree in this—that their friend Dr. Tuke in going as he did first to Canada and then up to solitary villages in Scotland to investigate the condition of the insane, kept up the great philanthropic traditions of his family, and they were very much indebted to him for the trouble he took in that and other respects connected with the Association. With regard to the question of boarding-out, so full an account had been given that there was not much left to say. First, as to “single patients” and “specially licensed houses,” he wished to say that all the houses that received any patients must be licensed by the Board of Lunacy and inspected. Then with regard to cost, though Dr. Tuke gave a very proper account of the cost of a boarded-out lunatic, he did not give the cost of the lunatics in the Scotch Asylums sufficiently high. The actual cost of every lunatic last year in the district asylums was £39, including board, maintenance, house room, up-keep of houses, and payment of debt on building; so that the real difference in cost between the two systems was £17 a year. No doubt if they could save on an incurable patient £17 a year, and at the same time make him sufficiently comfortable, it was a saving to the ratepayers that they were bound to endeavour to effect. They had three modes of dealing with lunatics. First, there was the asylum to which every patient was sent in the first instance. He was seldom boarded-out to begin with, but always sent from the asylum. There was next the lunatic ward of the poor-house. This was a ward which really was a sort of incurable annexe. The patients were first sent to the asylum, and if the doctor there considered them incurable he had to certify them as being no longer amenable to curative treatment. He had to look into the question whether they were dirty, paralytic, epileptic, dangerous, and if he could say that they were none of these things, but were easily managed, he certified them as fit to go to the licensed ward of the poor-house. If the patient was somewhat more sensible and of a better class and there was a likelihood of his occupying himself and enjoying a reasonable amount of happiness and not offending public decency outside an institution, he was then recommended as a suitable case for boarding-out. He wished to point out this fact as most important. He made no difficulty about recommending cases, the Inspectors of Poor made no difficulty in taking them, and he made no difficulty about receiving them back again if this was needed. If four cases out of six recommended, remained out he was quite well pleased, and was willing to receive the other two back again. He did not always pretend to know that a patient was suitable for boarding-out until he had been tried. He would accentuate what Dr. Tuke had said in regard to the supervision; in fact, as had been said, they would only carry out a successful system by taking trouble about it. If the asylum doctor, the Inspector of poor, the local doctor, and the Deputy Commissioner would all take trouble in the way of inspection and selection then this system would be a success, but not otherwise. It was essential to success that the three things, the poor-house, the asylum, and boarding-out, should be worked as part of one system. They all knew the expense that ratepayers had been put to in providing additions and annexes to asylums for the purpose of providing for a tremendous and yearly-increasing accumulation of incurable cases. At the Royal Edinburgh Asylum they provided for the pauper lunatics of Edinburgh by contract, and owing to the boarding-out system they had not practically increased in number for the last 15 years. He should like to know if that could be said of any English Asylum for a large city without the boarding-out system. That was a practical result. They had, in fact, increased in the number of admissions, but by means of sending out the incurable cases they had been able to take in all the recent cases, and had not required any addition to the wards for 15 years. This was absolutely the best statement he could make with regard to the success of the system. With regard to the effect on the asylum, he had been thus able to

concentrate his efforts on the hospital and admission wards. They had come to look on the asylum as more of a hospital, and to devote their attention to the hospital department and the admission department in consequence of being able to get rid of the quiet demented cases through the boarding-out and poor-house systems. They would never have a successful boarding-out system in England until there was an enormous increase in the Commissioners in Lunacy or their Deputies, the present staff being utterly inadequate for the proper performance of the duties of a boarding-out system.

SCOTTISH MEETING.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Royal College of Physicians, Edinburgh, on the 8th November. The President, Dr. Clouston, occupied the chair, the other members present being Drs. Howden, Ireland, Carlyle-Johnstone, G. M. Robertson, Ronaldson, Rorie, Batty Tuke, jun., Turnbull, Watson, Yellowlees, and Urquhart (secretary).

The Secretary was instructed to write to Dr. Rayner, expressing the regret felt that he should have found it necessary to resign the duties of General Secretary of the Association; conveying to him their sense of the able and courteous manner in which he had ever performed the onerous duties imposed upon him; and their hope that he might long enjoy his well-earned retirement.

The following new Members were duly elected:—

R. Cumming, M.B., C.M.Aberd., Asst. Med. Off. Perth District Asylum.

E. H. Ezard, M.B., C.M.Edin., Asst. Med. Off. Royal Edinburgh Asylum.

T. Graham, M.D.Glasg., Med. Off. Abbey Parochial Asylum, Paisley.

J. Liddell, M.A., M.B., C.M.Edin., Assist. Med. Off. James Murray's Royal Asylum, Perth.

Dr. G. M. ROBERTSON, in the unavoidable absence of the author, read a paper prepared by Dr. Macpherson "On a case of Raynaud's Disease with Acute Mania."

Dr. CLOUSTON said that they were much indebted to Dr. Macpherson for his paper, which contained many points of great medico-psychological interest. All were familiar with vaso-motor changes, but this was a case where these changes had reached their acme. The coincidence of paralysis with coma was very striking.

Dr. IRELAND said that he had never seen anything of this kind, but had often observed ulcers caused by slight friction, especially on the toes. These ulcers were extremely difficult to heal. He had applied electricity, but without much benefit. Low temperature was a very alarming symptom, and to obviate it he put the patient in a warm room and gave stimulating food. He also found that coffee raised the temperature a degree or two.

Dr. YELLOWLEES, in introducing a discussion on "The Use of Restraint in the Care of the Insane," said: It must be within the knowledge of all here that there has been going on in London during the last few months a good deal of discussion and agitation on the question of "The Use of Restraint in the Care of the Insane." I do not wish to make any remarks at all on the origin of that agitation, or to introduce any personal questions. One of the ablest and best known of our asylum physicians has been arraigned for the undue use of restraint, and he is arraigned by one of the best known and most distinguished psychologists in the