PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

The usual Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital on Wednesday, the 8th November, 1882, at 8.30 p.m. In the unavoidable absence of the President, Professor Gairdner, the chair was occupied by Dr. D. Hack Tuke. There were also present :—Drs. J. O. Adams, A. J. Elliott, G. F. Blandford, David Bower, P. E. Campbell, C. S. W. Cobbold, W. Clement Daniel, Reginald Eager, H. Gramshaw, Richard Greene, W. R. Huggard, C. Mercier, W. J. Mickle, J. Murray Lindsay, T. W. McDowall, H. Hayes Newington, J. H. Paul, H. Rayner, G. H. Savage, Wilson Sayers, D. G. Thomson, F. H. Walmsley, L. Weatherley, E. S. Willett, S. W. D. Williams, &c.

David Rhys Jones, L.S.A., of the Joint Counties' Asylum, Carmarthen, was elected a Member of the Association.

Dr. Mercier submitted some photographs of a patient during the actual progress of an epileptiform attack, and Dr. Savage exhibited a collection of photographs of patients at Bethlem.

Dr. SAVAGE exhibited a portion of the brain of a general paralytic, with echymoses on the surface of the cortex. He said that there was, perhaps, nothing very striking in this case, but he had on former occasions suggested the desirability of bringing up such specimens, and this one happened to present itself to him yesterday on the death of a patient. The case was one of general paralysis in which the symptoms had been melancholic throughout, and it was only after nine months' observation, and twenty-four hours before death, that he had decided that it was a case of general paralysis of the insane. After death, there was nothing particularly noteworthy observed, but just at the middle third of the first frontal convolution there was a spot about an inch square, bearing all the appearance of a contusion from a fall or an injury.

Dr. MERCIER read a paper "On the Conditions of Life which Influence the Production of Insanity."

Dr. SAVAGE said that no doubt some good would result if this subject were considered more methodically than they had considered it hitherto. He quite agreed with most of the points in the paper, but he should like to suggest one or two queries. For instance, was nostalgia the result of change of climate? He remembered a case of a young Swiss who was very anxious to learn good French, and was sent to Paris. Although he resided in the most healthy part of the city he soon sickened, and returned to Switzerland to die of nostalgia. Then as to sudden changes—these were in some cases most dangerous, but it was not every sudden shock which was injurious, and there were many cases where the continuous irritation had done the mischief, the continuous dropping had worn away the stone. As to complexity of work, there were distinctions to be made here. He could quote the case of a man engaged on the advertisement sheets of the *Times*; his work might be compared with that of a paviour, constant, exhausting, and monotonous. A cultivated man working in a highly organized way would have to give up work with the earlier symptoms of break-down, and the rest then enforced would be beneficial; but the same man engaged on less complex work would go on much longer, producing in the end more profound exhaustion. He could not, therefore, agree that complexity of work alone, any more than suddenness of shock alone, was necessarily incident to the outbreak of the insanity. As to self-made men, he would say that the man who bounded into wealth bounded into difficulty, but, just as joy alone rarely caused insanity, so success alone rarely produced it. At Bethlem they were constantly seeing men who broke down because they were self-made men; men who had gone as office boys, become solicitors' clerks, and so got on for a while until they could get no further, when the solitariness

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of their position had acted detrimentally upon them, much in the same way as in the cases of governesses which had frequently been brought before them.

Dr. RAYNER said that the members ought to be much obliged to Dr. Mercier for his very interesting and suggestive paper. As regards suddenness of change, he considered that that should be estimated rather by the duration of the preceding state. A man who had been in a rather monotonous condition of life for many years previously, would be much more injuriously affected by a sudden change than a man who had not been in an unvarying state for any length of time. A journeyman carpenter, for instance, who had been such for several years, and was suddenly put into position of a very different character, might break down from the mere worry, and the same result might occur in the case of a man who, for a long period of time, had been in some trustworthy but junior position, and who was suddenly placed in charge of his associates.

Dr. ADAMS said that they probably broadly admitted everything which Dr. Mercier had told them, but having admitted it, how could they help it? They must keep those records for the sake of the Commissioners in Lunacy, and perhaps for the sake of the public, but he was afraid after all that it was of very little value, for they met with patients who were either already or very nearly insane, and in a great majority of cases, although they might advise the patients to do this and that, it was very rarely that the patients could take advantage of the advice. He felt very often in the position of the doctor who orders the pauper to live on nothing but champagne and chickens. He might meet a patient and tell him not to be anxious, but what was the use of that? The man must be anxious. If the man had cause for anxiety he must be so, and if he had no cause for it that was worse. A solicitor might come to him and consult him before he had actually broken down, and he might tell him to give up his work for some months; but then the solicitor has a wife and family to support, and that would mean that his work would go into other channels, and it would be bruited abroad that he was suffering from nerve disease. It seemed to him that there was a hopelessness, practically, in going further than was absolutely necessary into the causes of insanity.

Dr. BOWER said that he should like to add his thanks to Dr. Mercier for his paper. Contrary to the opinion last enunciated, he thought that it was of very great importance to get at the cause of the insanity. At the same time he would caution them against rushing too freely into causes. His professor used to say that etiology was a dangerous science. There were many instances of slow and monotonous work causing insanity. As regards the fallacy of rushing to conclusions, he might cite the case of a patient, then with him, who came about a year ago with a clean bill of health. His medical man gave the patient's insane history, and he (Dr. Bower) took it for granted that the case was one of syphilitic insanity. In travelling recently abroad, he had found out all about the patient's uncle and grandfather who had been insane, and of course this new information materially influenced his diagnosis. He might mention, too, that when he was in the north of Norway he saw some Laplanders, and the Medical Superintendent told him that the Laplanders were cured more readily than the Norwegians. It turned out to be that the Laplanders were sent into the Asylum immediately they were attacked, while the others were retained until they could not be kept any longer.

Dr. WEATHERLEY said that he did not hear Dr. Mercier mention family troubles, more especially unhappy marriages. He could quote two cases within the last fortnight arising from unhappy marriage. Another cause which was, in Saxony, supposed to be the cause of the numerous suicides there, was ambition or frustrated ambition.

Dr. HACK TUKE said that he felt sure that Dr. Mercier would be gratified with the way in which his paper had been received. It was a very able and interesting paper, and admitted of much discussion. He thought that the view which had been expressed by Dr. Adams was somewhat extreme. As regards the position of the superintendent of an asylum or any mental

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physician, what Dr. Adams said was no doubt very much to the point, but that would not apply to social reformers—to those who endeavoured to improve the conditions by which men were surrounded. All the minor headings of Dr. Mercier's paper would fall under the three great headings of education, business, and habits, the latter mainly referring to drunkenness and dissipation. Of course, the question of the predisposition of the patient did not fall within Dr. Mercier's paper, but it could never be forgotten that the patient's mind would not be likely to be affected by the causes indicated, unless the patient was predisposed to that particular form of disease. A man might be constantly getting drunk, and yet if he were not predisposed he would not be likely to become insane, and the same might be said of overstudy or of business anxiety. So that, important as was the recognition and removal of the exciting causes of insanity, a man's predisposition to the disease was even more important to him, and if he had it, it was incumbent upon him to avoid an unfavourable condition of life.

Dr. MERCIER, in reply, said that much of that which at first sight seemed adverse to him, would, when further considered, be found to be entirely favourable. The only piece of really hostile criticism was on the question of nostalgia, and he thought that there they disagreed more about names than things. By climate he did not mean the meteorological conditions, but the whole of the *naturale*, which might be summed up in the word "country." In regard to the Swiss who was moved to Paris, there was no doubt, in a limited sense, that he did not change so very much, although it would seem that from a residence among mountains to a level plain and a large city there was a very marked change which had to be taken into consideration. They found that nostalgia was more prevalent among the inhabitants of low and flat, and moist countries, and it was those people, when moved to dry and more elevated countries who got nostalgia. Dr. Savage had mentioned the dangerousness, not only of sudden changes, but also of monotony. Both these—the change and the want of change—were external conditions, and should be taken into consideration. He was quite unprepared for Dr. Savage's suggestion that self-made men were more subject to insanity, and it must necessarily modify his views. Probably, however, self-made men might have passed through an extremely arduous time, working early and late. He agreed with Dr. Rayner that the deviation of the preceding state should be taken into account, but there, again, it was a component of the change. A man who had been in a monotonous state for a long time and then underwent a slight change, would find that change of greater moment to him than if his monotonous life had been of shorter duration. With regard to Dr. Adams's remarks as to their inability to help, it was not on that account that their enquiries were useless. They must know those conditions, and those who said it was of no use knowing the causes of insanity because they could not prevent them, might as well say that it was no use setting up a meteorological office and determining one's storms because we could not control them. True, but we might avoid them. As to heredity, that was somewhat outside the scope of his paper, which was upon the external conditions of life, but it was no doubt a subject of great importance. The influence of unhappy family life, mentioned by Dr. Weatherley, was also one of very important consideration. When Dr. Hack Tuke said that the predisposition was of more importance, because in the cases of certain people placed in the same conditions of life some became insane and some did not, they might on the other hand take people equally predisposed and yet one might become insane and the other not, and why? Because one might be in the conditions which produced insanity, and the other not.

Dr. HACK TUKE said that he did not wish to put it quite so strongly as Dr. Mercier had appeared to understand.

Dr. MICKLE then read a paper on "Traumatic General Paralysis" (*See* Clinical Notes and Cases).

Dr. SAVAGE asked whether Dr. Mickle could make any distinct statement as to the traumatic general paralysis being of one form more than another. Then,

also, one was in the habit of seeing many cases in which after injury there was great nervous instability, so that a very small amount of drink would produce great excitement. For instance, a man in war time had received a very severe injury to his head from a shell, and from that time a very small quantity of drink flew to his head and made him a madman, and if he still took more drink he had to be taken to an asylum until he settled down again. This also was a point on which he would like to hear Dr. Mickle's views.

Dr. COBBOLD remarked on the atheromatous disease of the arteries, sometimes associated with general paralysis.

Dr. BLANDFORD said that he had not had much experience in this matter. He had seen two cases where general paralysis had followed upon injury to the head, but he was under the impression that other forms of insanity or brain suffering more frequently followed injuries to the head than general paralysis, and it seemed to him to be rather questionable whether the first case that Dr. Mickle read to them should be called general paralysis of the insane, or should be called a case of cerebral disease following upon an injury.

Dr. RAYNER considered that there was no cause of insanity into which they should enquire more carefully than that ascribed to head injury. He had recently been shaving the heads of a large number of general paralytics, and had been struck with the large number of scars which the shaving had revealed. Scarcely one had not had more than one or two scars. Probably, general paralytics, being more than ordinarily active individuals, were liable to these injuries. Moreover, he supposed that there were very few people whose heads would not show one or two scars. There was no doubt that people did receive a very large number of blows without developing insanity. In the cases that Dr. Mickle had quoted, the general paralysis did not appear to be very closely associated with injury. In two cases which he (Dr. Rayner) published last year in the "Specialist," general paralysis followed immediately and directly after the injury. One was a man engaged in a very complex work in a dockyard. He was working up to the day of his injury, and he never worked for a day afterwards. In the other case a man was working in an iron foundry when a piece of iron, weighing seven pounds, fell upon his head, and he never worked again. In both these cases the occurrence of general paralysis after the injury was undoubted, but in both case he had come to the conclusion that the blow had simply developed a predisposition to general paralysis which existed in individuals, and he thought that this should always be very closely enquired into; whether people who have received injuries to the head and have general paralysis following after that, have not been before that strongly predisposed to the disease?

Dr. GRAMSHAW asked whether it did not sometimes happen that the injury would be latent for a certain time, afterwards developing this mischief. He recollected the case of a young man who was said to have had a fall from his horse, and who continued at college for several months after his injury, but gradually got so unable to attend to his studies that he came under his (Dr. Gramshaw's) care. The patient at first behaved pretty well, in fact, used to go out; but one day wandered off, causing great anxiety. When brought back he was confined to his bed, refused food, and became worse. Then he rallied, and subsequently came to Bethlem, where he ultimately got quite well. Upon enquiry it was found that the young man's father had committed suicide, and, therefore, there was predisposition to insanity, which seemed to be developed and increased by the injury he had received. The case seemed to suggest a lying latent.

Dr. MERCIER wished to put a little more definitely what was touched on by Dr. Rayner. It seemed to him (Dr. Mercier) that there was little connection between this and general paralysis. Injuries to the head were very common, and yet out of Dr. Mickle's vast experience he was only able to bring forward some score of cases in which the two had coincided. It would seem that if all the cases of general paralytics, and all those of people who had received injuries to their heads, were jumbled up in a box and drawn out at random, it would be very strange if, out of so many cases, a few did not coincide.

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Dr. McDowall alluded to the fact, as had been pointed out by Dr. Brown, of Wakefield, that in general paralysis the occipital lobes and the tempero-sphenoidal were never atrophied. Referring to the case quoted by Dr. Rayner, where a man who was injured had been engaged in delicate work, he said that Dr. Smith, of Durham, had mentioned to him the case of a patient who was the engineer of the "Flying Scotchman," and who drove the train from London to the North three days before he was admitted to the Durham County Asylum suffering from well-marked general paralysis.

Dr. Bower asked Dr. Mickle whether he had had any experience of surgical interference, and referred to a case in which a large cauldron had fallen upon a person's head. About three months afterwards, the person became epileptic and very confused in his ideas. Trepanning was suggested, but there was no bone to be raised, and simple pressure stopped the whole injury.

Dr. Hack Tuke asked what was the longest period which had elapsed between the injury to the head and the occurrence of the symptoms of general paralysis. Some time ago a man had a fall. His character altered from that time, and it was more than five years before symptoms of general paralysis supervened. When Dr. Tuke saw him after that he had very well-marked symptoms of general paralysis.

Dr. Mickle, in reply, said, as regards the first question asked him, that the cases he referred to usually took ordinary forms of general paralysis. Almost invariably there was severe cranial pain preceding the symptoms of mental disorder, and other symptoms which had to do with the special way in which the disease was produced. As to the question whether, in the cases of those who became general paralytics from cranial injury, the taking of a most moderate portion of spirits had an unusual effect, that, he thought, had been seen in all cases, but he could not say whether it had been noted in the particular cases read. As to atheromatous disease of the arteries, the presence of atheromatous patches in the arteries of the general paralytic was of common occurrence. As regards Dr. Blandford's question, undoubtedly the vast majority of the cases in which cranial injury was the cause of mental disease did not become general paralytic. There were some statistics bearing upon that point, in which about one-seventh of those cases had become general paralytics. He quite agreed with Dr. Rayner as to the injury simply developing in many—in fact in all cases—of previous predisposition. He quite agreed with the speaker who referred to the latency of the effects of the injury, especially as regards heredity. As regards Dr. Mercier's remarks, they found cases in which the relations between the injury and the disease were so precise that it seemed very difficult to reject it. In the case, for instance, of a young man from the army, whose friends distinctly declared that from the time that he had a severe fall his habits changed, he was incapacitated from work, and complained of mental confusion; if, in such a case as that, cranial injury was not the exciting cause of the mental disease, he did not know what the exciting cause of it could be. In the majority of cases the cause was predisposing, and it was only by taking a number of cases and applying to them the same rule as one applied in all cases of insanity, that we could come to the conclusion that one must admit cranial injury as the predisposing cause in some cases. He quite agreed that a great many people received cranial injury, and that we would expect to find cranial injury to a great extent among the insane, even if it was proved not to be a cause; but where we found a cranial injury in connection with which there was local disease of the brain, he thought we must admit that the cranial injury was the cause—that is to say, that which was connected with the cranial injury. Dr. McDowall had mentioned the interesting fact as to the non-atrophy of the occipital lobes and temporo-sphenoidal, both in regard to cases of general paralysis and other forms of brain disease. As to the surgical treatment of cases, the cases where general paralysis was produced by cranial injury which had come under his own care, had not been such as would lead to the supposition that surgical treatment would have been available for any useful purpose, but

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there were frequently cases in which there was a depressed fracture or a considerable indentation on the surface of the brain on which trephining had had a remarkable effect, in some cases thereby leading to recovery. As to the question of time, suggested by Dr. Hack Tuke, some of the cases followed immediately; in other cases, where the injury was supposed to have been the predisposing cause, several years had elapsed.

Dr. HACK TUKE said that the thanks of the Association were due to Dr. Mickle for his interesting paper.

Owing to the lateness of the hour, a paper by Dr. Fletcher Beach on "Atrophy of the Brain—Imbecility," was ordered to be taken as read. (*See* Clinical Notes and Cases).

A Quarterly Meeting of the Medico-Psychological Association was held at the Royal College of Physicians, Edinburgh, on Wednesday, 1st November. There were present:—Drs. Howden (chairman), Clouston, Batty Tuke, Major, Philip, Carlyle Johnston, Rutherford, Mitchell, Cameron, Ireland, &c.

Dr. Ireland showed the skull of a genetous female imbecile, aged 19 years. She could dress herself, spoke on simple subjects, and had learned to read words of two syllables, and to do a little work. Her height was 65 inches, the girth round chest was 30 inches. There was a great deposit of subcutaneous fatty tissue. The encephalon weighed 42oz. In dissecting the brain nothing abnormal was noticed with the naked eye, save that the posterior cornua of the lateral ventricles were found wanting on both sides.

The following measurements were taken before removal of the scalp:—

1. Antero-posterior (from glabella to external occipital protuberance)	35 c
2. Circumference	52
3. Transverse (from tragus to tragus)	33½
Sum...	120½ c
4. From tragus to glabella	14½
5. From tragus to occipital protuberance	14½

On the naked skull the measurements were—

1. Antero posterior	32 c
2. Circumference...	50
3. From auditory meatus to meatus	28
Anterior diameter	18
Transverse from above	13½

The skull itself was thin and slender in make, somewhat small, and, generally speaking, of imperfect development. It was narrower in the frontal than in the parietal and occipital regions. About the meeting of the coronal and sagittal sutures the lines of apposition were much plainer than usual, the serrati or dentate arrangements being in none of the sutures so marked as in most crania. The sagittal and coronal sutures were still open. The foramen magnum was unusually small.

The wisdom teeth were wanting in the upper jaw, which was somewhat narrow, but not vaulted. Wisdom teeth present in the lower jaw. The outline was somewhat prognathous.

The heart weighed nine ounces, the muscular fibres were weak and flabby, and there were masses of fat under the lining both of the auricles and ventricles. The uterus was about the size of a big bean, the ovaries rudimentary; the girl used to menstruate. The liver was yellow, approaching to cream colour. To the naked eye there was no trace of the usual lobular arrangement. The liver appeared but a mass of adipose tissue. There were effusions of blood under the skin and into the left lung.

Dr. CARLYLE JOHNSTON read "Notes of a Case of Brain Tumour."

In reply to the Chairman,

Dr. JOHNSTON stated that the tumour was freely movable, that it had a very slight attachment to the ependyma of the ventricle, and that there was no alteration in the skull.

Dr. MAJOR—In a case of brain tumour which recently came under my care, the prominent mental symptoms were dementia with great loss of memory, and hallucinations of sight and hearing, and perhaps, of other senses. There was also almost complete blindness from double optic neuritis, giddiness, vomiting, and finally paralysis of all the limbs. In this case there was very little doubt of the diagnosis, during life, and it was confirmed post-mortem. As far as my own experience goes, brain tumour in the insane is a very rare condition, and, on the other hand, all of us have probably seen cases of undoubted brain tumour without noticeable mental disturbance. It is remarkable how little (when of slow growth) these tumours seem to affect the mind.

The CHAIRMAN considered these tumours to be as frequent in the cerebral cases found in ordinary practice as amongst the insane. In the cases which had come under his notice, the chief symptoms had been dementia or stupor.

Dr. CLOUSTON had seen congestive attacks resembling those of general paralysis in cases of tumour of the brain. In his experience they were not so infrequent amongst the insane. He had met with three or four cases in about 1,000 post-mortems, and recently he had seen two cases within three months. A remarkable circumstance was the manner in which syphilitic tumours in the centre of the substance of the brain, and all quick growing irritating tumours, produced as it were a ring of softening all round them. He had seen a tumour the size of a hazel nut produce extensive softening, probably by starvation of the surrounding brain substance. On the other hand, as has been remarked, large slow growing tumours may occur in demented persons without producing prominent mental or physicial symptoms.

Dr. MAJOR—I should like to add, as bearing on Dr. Johnston's case, that, not long since, I assisted at the post-mortem examination of a boy who had had, as stated to me, symptoms in many respects like those detailed by Dr. Johnston, and in whose brain was subsequently found a hydatid cyst, occupying the fourth ventricle, and in close relation with its floor, as the only lesion.

Dr. IRELAND read a paper on "The Hallucinations of Joan of Arc." (*See* Original Articles.)

The CHAIRMAN said that he was sure the meeting had listened to Dr. Ireland with great delight, and he had much pleasure in proposing a vote of thanks to him for an essay which displayed such erudition and labour, also to Dr. Johnston for the interesting and suggestive form in which he had presented his case of brain tumour.

The members afterwards dined together at the Edinburgh Hotel.

A Meeting of the Parliamentary and Pensions Committee of the Association was held at 11, Chandos Street, on November 29th, 1882.

The resolutions relative to the Pensions passed at the annual meeting in 1877 were affirmed almost in their entirety.

The Committee also agreed it would be desirable that the Government grant of four shillings per week to each lunatic pauper should be paid to the Asylum Committees (instead of to the Unions), and that the first charge on the same should be the payment of salaries and wages of asylum officers and servants; the second the pensions and the repairs of the asylum buildings.

A Sub-Committee was appointed, and empowered to press these opinions on the attention of the responsible authorities, and also to address a letter on the subject to the First Lord of the Treasury with reference to the possible introduction of this change into the Government Bill said to be in preparation for next session.