

PART IV.—NOTES AND NEWS.

Quarterly Meeting of the Medico-Psychological Association, held in Edinburgh, November 21st, 1872.

A Quarterly Meeting of the Medico-Psychological Association was held in the Royal College of Physicians, Edinburgh, by the kind permission of the President and Council, on Thursday, 27th November. Present—Drs. Skaye, Lowe, J. Batty Tuke, James Howden, Ireland, Caddell, Fred. Skae, Grierson, Sanderson, John A. Campbell, McBain, R.N., Campbell, R.N., Brodie, Rorie, Thomas Howden, and Bateson. In the absence of Sir James Coxe, President of the Association, who had written to express his regret at not being able to attend, owing to an engagement in the North, Dr. Skae took the chair.

Dr. Howden (Montrose), exhibited the brain and calvarium of a man who had suffered from an abscess of the brain which discharged itself externally, by a perforation through the skull and integuments. The patient was admitted into the Montrose Asylum on the 5th Oct., 1871, in a state of extreme stupidity. His memory was gone. He could not tell his own age, nor where he came from. It was said that he had received an injury of the head, after which he had an epileptic seizure, and became insane. There is reason to suppose that he had at one time had syphilis. A few days after admission his memory returned, and he talked rationally on any subject, except that he expressed suspicions about his food being poisoned.

By the 6th November he appeared to be quite sane. A fluctuating tumour had now appeared, about an inch and a half above the inner angle of the left eye. On the 25th November the tumour was opened when a quantity of greenish-yellow pus escaped. Up to the time of his death pus continued to be discharged more or less constantly from this opening, sometimes in large quantities. On the 2nd Dec., another abscess had formed on the forehead. He was quite sensible, and answered questions slowly but correctly. On the 26th Dec., he was seized with severe epileptic fits. The discharge of pus was arrested. He was confined to bed till 6th January. The fits had now ceased, and the discharge reappeared. He died comatose, after a fit on the 13th January.

On *post-mortem* examination, two openings in the skin of the forehead were noted. On reflecting back the scalp a round perforation, the size of a small pea, was found in the calvarium, immediately beneath the external openings. A third perforation was observed in connection with an external opening. In all three a probe passed quite through the skull, and in two rested on a thin white fibrous-like membrane between the skull and the dura mater. In the third opening—an inch

and a half above the inner angle of the left eye—the probe passed without meeting any obstruction, through calvarium and dura mater, into a cavity the size of a walnut, in the anterior lobe of the left cerebral hemisphere. The dura mater was, with the other membranes, firmly adherent to the grey substance of the convolutions of the anterior lobe; and at the point where the fistulous opening was found, the grey matter in the neighbourhood was extremely thin. The cavity mentioned was filled with pus, which seemed to pass easily through the opening in the skull. It was lined by a wall of the consistence of soft cheese. Another similar cavity filled with pus was found in the middle lobe on the same side, and it communicated with the lateral ventricle, which was filled with pus. The two abscesses did not appear to communicate with each other.

Dr. Howden also exhibited a remarkable specimen of a symmetrical brain, and read notes of the case.

Dr. J. Batty Tuke showed a graduated slide for measuring the thickness of the grey matter of the brain. He said he preferred it to Dr. Major's most ingenious Tephrylometer, for the following reasons: 1st. That to use the latter the pia mater must be stripped off, and with it the outer layer of grey matter. 2nd. That, in the act of separating, the brain substance was apt to be stretched in Dr. Major's instrument, and so a source of fallacy might arise. 3rd. That it was extremely difficult to thrust the tubes into the brain-substance at a right angle, and obtain an equal section of the grey matter. The slide could be applied to the section made with a knife, and the thickness of grey matter could be easily read off with a lens to half a millimetre. He acknowledged that if there was any credit for this adaptation, it was due to Dr. Major, whose instrument had suggested it.

Dr. Tuke also exhibited two stomachs, which had undergone *post-mortem* digestion.

Dr. Thomas Howden (Haddington), showed the brain and stomach of a man aged 49, who had died of peritonitis of two days' duration. The man had been sent to Morningside Asylum in 1866, and a few months afterwards came under the care of Dr. Howden. Seven years before his confinement, he was said to have had an attack of an apopleptic nature; at any rate he was insensible for an hour or two, and for a month after was palsied in his left side. All the time he was in the asylum, he was an active, intelligent man, with no remains of the paralysis other than a slight peculiarity and stiffness in his walk. At long intervals, sometimes once a month, sometimes not for several months, he had epileptic fits. His delusions were principally as to his being poisoned by arsenic given him in his food. The nature of the delusions, Dr. Howden remarked, was of interest when we looked at the stomach. The cause of the peritonitis was the giving way of an ulcer on the anterior surface of the stomach. On its under surface there was a patch about the size of a two-shilling piece, where the coats of the stomach had been quite destroyed, and the pancreas had

become attached to the injured organ, and so prevented the escape of food into the abdominal cavity, and thus no doubt prolonged the life of the patient considerably. The condition of the brain, too, was of interest with reference to the paralytic seizure of 13 years ago. In the posterior lobe of the left hemisphere, there was a large cavity, which contained about 2 oz. of serum. This cavity communicated with the left lateral ventricle, and its external wall was formed by the membranes of the brain, which were much thickened.

The following papers were then read :—

“Notes on the Autopsy of an Idiot.” By Dr. J. Batty Tuke.

“The Religious Sentiment in Epileptics.” By Dr. James Howden.

“The Psychical and Sensory Deficiencies of Idiots.” By Dr. Ireland.

“The Shower-bath in Insanity.” By Dr. John A. Campbell.

Obituary.

REV. HERBERT HAINES.

In the obituary of the “Journal of Mental Science,” there should not be omitted a brief memorial of Herbert Haines, Chaplain, since 1854, of the Gloucester County Asylum. Mr. Haines was a distinguished authority on Monumental Brasses, about which he wrote manuals of repute. Even in his college days he possessed considerable knowledge of this branch of Archaeology. It is said that he was much overworked—he was also Second Master of the Gloucester Coll. Sch.)—and his health had evidently been declining for some time.

Appointments.

CLAPHAM, W. C. S., L.R.C.P.L. &c., has been appointed Resident Clinical Assistant to the West Riding Asylum, Wakefield, *vice* T. O. Woods, M.B., appointed Assistant Medical Officer to the Warwick County Asylum.

COLDEN, E., M.R.C.S.E., has been appointed Apothecary to the Hanwell Lunatic Asylum.

DOUGLAS, W., M.D., has been appointed Assistant Medical Officer to the Female Department, Durham County Lunatic Asylum, Sedgefield, *vice* J. Lowe, M.D., appointed Assistant Medical Officer to the Sheffield Asylum.

FLETCHER, R. V., L.R.C.P. Ed., L.R.C.S. Ed., L.R.C.S.I., has been appointed Resident Medical Superintendent of the District Lunatic Asylum, Waterford, *vice* F. X. F. MacCabe, L.K.Q.C.P.I., M.R.C.S.E., appointed Governor and Resident Physician of the Central Criminal Lunatic Asylum, Dundrum.

HARRIS, W. J., M.R.C.S.E., has been appointed Medical Visitor of Houses licensed for the reception of Lunatics within the Western Division of the County of Sussex, *vice* S. W. D. Williams, M.D., L.R.C.P.L., resigned.