There are three forms of dipsomania. (1) The acute, where the patient, formerly temperate, suddenly, on some loss, shock, or disappointment, takes to excesive drinking. (2) The periodic or paroxysmal form, in which a person, ordinarily of irreproachable character, is seized with an uncontrollable craving for stimulants, under the strain of over-work, or consequent on a casual indulgence. (3) There is the continuous or constant form, where the disease is associated with other vices, and with an active form of moral insanity.

As regards treatment, Dr. Yellowlees points out the necessity of "the absolute withdrawal of alcohol, except in the very rare cases where physical prostration forbids it, and the seclusion of the patient from all temptation and opportunity to indulge his habits." The chance of ultimate recovery is seldom hopeful.

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A quarterly meeting of the Medico-Psychological Association was held on the evening of Wednesday, the 29th April, at 52, Berners Street; Dr. Harrington Tuke, President, occupied the chair. The following members and visitors were present:—Dr. Harrington Tuke, President; Dr. H. Maudsley, Dr. J. Sabben, Dr. G. H. Savage, Dr. F. J. Wright, Dr. W. C. Daniel, Dr. F. H. Ward, Dr. W. J. Mickle, Dr. H. Rayner, Dr. W. Orange, Dr. D. Nicolson, Dr. Boyd, and Dr. W. Rhys Williams.

The PRESIDENT having taken the chair, after the usual formal business the minutes of the last quarterly meeting were read.

The PRESIDENT said he could not accede to the correctness of the report of the minutes of the last meeting, which on the whole he did not consider satisfactory.

Dr. SABBEN proposed, and Dr. RAYNER seconded, that the minutes should be confirmed, subject to the opinion expressed by the President.

This was carried.

The PRESIDENT intimated that it was usual to devote the first half hour to discussion.

Dr. SAVAGE apologised for bringing before the meeting two cases of no extraordinary interest, and of which he had only with him the shortest notes.

CASE I.—Ellen R——, æt. 74. Admitted into Bethlem in 1839. Married, four children. Cause of insanity hyperlactation (16 months); suffering on admission from mania, with suspicion. Temperate, timid, solitary, talking to herself, idle, and dirty.

1851.—Has settled into a quiet style of life of her own. Answers when spoken to.

1854.—The most useful patient in Bethlem. She used to refrain from work on Fridays, but has given up that whim now, and works steadily at any work given to her. Still calls herself Queen of Ireland. She is clean. Talks to herself. No change till

1872 (*August*), when one morning she was found hemiplegic (on right side) and speechless.

February 14th, 1874.—Since last note has lain in bed constantly, right arm and leg being flexed and stiff. She has double cataract. She eats well, sleeps profoundly, passes urine and motions under her; remembers the names of the doctors at the time of the fit, but none since. She has perfect sensibility of the skin, and can tell her wants. She is supposed to have had another fit about February 5th or 6th.

https://doi.org/10.1192/bjp.20.90.315 Published online by Cambridge University Press

Her present condition is—Right shoulder moveable, muscles wasted; right elbow fully flexed, wasted, and at present painful and œdematous; wrist and forearm prone, the palm of hand turned outwards and backwards; fingers contracted and burrowing into palm of hand. Right thigh flexed so as to rest on the abdomen, the knee being close to the chin; leg flexed, so that the heel rests on buttock and the toes turned to the sole of the foot. The forearm has only become fixedly prone since February 5th; the œdema has also come on since then.

She died of exhaustion. Calvarium thick and congested. Internal centre of left frontal presented a small exostosis, to which the dura mater was attached. Several of the left temporal convolutions much wasted. Spinal cord small in size throughout. After hardening there was found at the posterior parts of right lateral column a patch of sclerosis that extended from the cervical region to the whole length of the cord. A fine reticulum of connective tissue is seen, with complete absence of nerve tubes; scattered about are many rounded bodies, of varying size, that stain readily. These appear to be broken down axis cylinders.

CASE II.—Sidney H——, æt. 24, brewer's clerk, suffering from chronic mania, with ideas of persecution; violent, and at times dangerous.

1873.—Has been in a year; no mental change. He has large strumous glands about his neck, specially in right parotid region.

September.—Ulceration of strumous glands is spreading; sinuses extending over clavicle.

November.—Became paraplegic. Excess of reflex action. No loss of sensibility. During this month there was found to be total absence of chlorides from his urine, and on examination he had double pneumonia. The right lung was solid. Bedsores rapidly developed. No gain in power over extremities. No return of chlorides.

January, 1874.—He is now a mere skeleton. Ulcers of great extent over sacrum, over both knees and ankles; the tendons about the front of the ankles exposed, and the left knee joint opened. He is able to pass his water. He is lying in flour on a water bed. Takes food freely.

February 7.—Died of exhaustion.

Post-mortem.—The chief peculiarity was that on opening the chest the pleura on both sides was adherent, that on the posterior part of the right pleura being so adherent as to necessitate leaving part of the lung attached to posterior wall. On dissection there were found two abscesses in this position (? glandular), which were filled with yellow, semi-solid pus. The abscesses passed backward to the sixth and eighth dorsal vertebræ, then entered the canal, compressing the cord for two inches, then passed to the left side among the deep muscles of the back, and passed in these from the cervical region to the sacrum, forming one huge abscess of two feet in length. The matter pressing on the cord was definitely stopped by adhesions from spreading in the canal itself. We thus see the cause of the sudden paraplegia was opening of strumous abscess into spine. The bones were slightly rough on arch of seventh vertebræ, but not necrosed. It seemed secondary to the abscess.

Dr. RAYNER had four cases in which hemiplegia is co-existent with insanity: in one case the hemiplegia has recurred three times, being followed on each occasion by an attack of mania.

Dr. BOYD said it generally resulted from an effusion of blood on the brain.

Dr. RAYNER, in the absence of other cases for the consideration of the meeting, would mention one recently under his care which was of interest as an illustration of the great importance of rest in the treatment of injuries of the head. The patient was a youth aged 17, in good health, and a member of a very healthy family. He received a kick from a pony on the left side of occiput, inflicting a severe scalp wound and rendering him insensible for half an hour. He went to work next day, and continued his employment until the fifth day, when he became very excited, and was removed to St. George's Hospital. Becoming unmanageable there after three weeks he was transferred to the Workhouse, whence he was removed five weeks later to Hanwell. On admission he was in a state of imbecility, having at times attacks of excitement, in which he was violent, and destructive, and mischievous. He was kept at rest in bed, and steadily improved both in mental and bodily health. At the end of a month he seemed so far recovered that he was allowed to get up. The attacks of excitement returned in a day or two. He was again sent to bed; after five or six weeks' rest he was allowed to rise, and has steadily convalesced from that time. "I believe," said Dr. Rayner, "that if he had been kept at rest for a few days immediately after the infliction

https://doi.org/10.1192/bjp.20.90.315 Published online by Cambridge University Press

of the injury (instead of returning to his work) the whole of his subsequent illness would have been avoided. I am of opinion that all blows on the head of sufficient severity to produce insensibility should be treated by a prolonged period of absolute rest, and that in those cases of insanity in which such injuries appear to have been the cause, the result would have been obviated by the adoption of this mode of treatment in the onset."

The PRESIDENT remarked that he distinctly recollected Dr. Bucknill and himself pressing the same views as Dr. Rayner's upon the attention of the faculty in Paris.

The SECRETARY (Dr. Williams) reported that he had received an interesting communication from Dr. Burman, who was unfortunately not able to be present, but as he (Dr. Williams) had an urgent professional engagement demanding his presence elsewhere he apologised for leaving, and Dr. Savage kindly consented to read it to the meeting.

The PRESIDENT spoke in high terms of Dr. Burman's paper, and proposed that it should be inserted in the Journal. The general scope of the paper was clear; it really was an amplification of what Dr. Maudsley had already advanced. All would agree in the spirit of Dr. Burman's paper, but, nevertheless, he was desirous of promoting discussion thereon. He referred to a case which had engaged his particular attention. A captain in the army was confined in Newgate, having been found guilty of forging a woman's name. The only evidence of insanity offered at the trial was that of his wife and servant, and that not of a character to satisfy the Judge who tried the case. On examining him he found irregularity of pupils, tingling of the hands, and also ascertained there had been symptoms of general paralysis three months before. The Judge held the prisoner to be sane, but, contrary to the spirit of his charge, the jury found him not guilty, on the ground of insanity. A brother of the prisoner wrote two days afterwards to say that the accused was perfectly sane at the time; yet within four months he died insane of general paralysis.

Dr. RAYNER corroborated Dr. Burman's experience, and cited cases where patients had been imprisoned who were evidently insane.

The PRESIDENT remarked how necessary it was that the physical condition as indicative of the mental state should be noted in those signing important documents.

Dr. ORANGE gave some most valuable and interesting statistical information respecting the criminal lunatics at Broadmoor. In eleven years more than 1,000 patients had been admitted, and there had been 117 deaths; 23 deaths were due to general paralysis, and of these 23 deaths, six of the patients had been acquitted on the ground of insanity, and 17 became insane after conviction. Eight of the 17 had been convicted more than once, and as a rule he found that in the confirmed convict class convictions follow each other at very short intervals. Nine of the 23 had not previously been convicted. It would afford some clue as to the condition of the mind of a patient to inquire whether the repetition of criminal acts were in accordance and reconcilable with previous pursuits. In Dr. Orange's judgment, he did not think that symptoms of paralysis alone, unless confirmed by some act of insanity, would materially affect the verdict of a jury.

Dr. NICOLSON desired to express his concurrence in the opinions stated by Dr. Orange, and cited several cases in confirmation. As a rule, he found very few cases of general paralysis in convict prisons. The medical officers were most particular in the classification of disease. Both men and women convicts were generally of a very low type.

Dr. MAUDSLEY complimented Dr. Burman upon the way he had dealt with the matters under discussion, not only at this time, but on previous occasions. He said there was no question that theft is sometimes a very early symptom of a diseased mind. This was more especially to be noted in the higher classes, where there appeared to be no motive for the crime of petty theft. He mentioned the case of a gentleman who had come under his notice, and who, among other things, had stolen towels from his hotel. With regard to the rare occurrence of general paralysis among the patients at Broadmoor, it must be borne in mind that persons who had committed thefts while labouring under general paralysis would not go to a convict prison and be sent thence to Broadmoor. They would receive short sentences, and be sent to the House of Correction, where they would serve out their sentences, if they were not transferred to an ordinary asylum. We should not expect them, therefore, to come under Dr. Orange's observation.

The PRESIDENT agreed with Dr. Maudsley; but Dr. Orange's statistics went far to prove the value and correctness of Dr. Burman's paper. The probability was

https://doi.org/10.1192/bjp.20.90.315 Published online by Cambridge University Press

that general paralysis would have been detected by an expert in the six cases referred to at Broadmoor. He once saw a man at work, picking oakum, in a convict prison, detected paralysis, and reported the case in the proper quarters, and the man was thereupon discharged.

The PRESIDENT proposed a vote of thanks to Dr. Burman, which was carried by acclamation, and informed the members that there would not be another quarterly meeting before July.

QUARTERLY MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held in the Hall of the Faculty of Physicians and Surgeons, Glasgow, on Thursday, the 21st May, 1874.

Dr. W. T. Gairdner was voted to the chair.

The following members and visitors were present :—Drs. W. T. Gairdner, J. Batty Tuke, W. W. Ireland, Alex. Robertson, P. Maury Deas, Thomas Anderson, Strethill Wright, T. Aitken, Fred. W. A. Skae, J. Fraser, James Maclaren, and Ashe. Visitors: Drs. Scott Orr, Hugh Thomson, Joseph Coats, Charteris, and Professor Alex. Dickson.

Dr. GAIRDNER, on taking the chair, said—I need scarcely say that the profession in Glasgow is extremely glad to have the opportunity of meeting with this Association. The meetings have been hitherto, and I have no doubt will continue to be, of mutual profit to the physicians and surgeons of Glasgow, and to the members of the Medico-Psychological Association. I shall now call upon Dr. Robertson to open the business with an explanation of his case.

Dr. ROBERTSON then showed a patient labouring under Partial Paralysis, and read the notes of the case, which he thought was of syphilitic origin. The patient was also examined with the ophthalmoscope. Dr. Robertson, in apologising for bringing forward a paper upon a subject of that kind, said that the example was set him last year by their worthy Chairman, who submitted a most interesting case of disordered muscular power—one, namely, of Athetosis. He thought that the consideration of such subjects was beneficial to the Association.

Dr. BATTY TUKE remarked that it seemed to him no apology was needed from Dr. Robertson for having introduced such a case to the notice of the meeting. In doing so he conferred a benefit upon the Association, and relieved it from the opprobrium of close specialism. The case corresponded with one of syphilitic insanity which he (Dr. Tuke) read at the last meeting of this Association in Edinburgh. It was the case of a man who had contracted syphilis, passing through the primary, secondary, and tertiary stages, and who became gradually paralysed on the right side. The man had, in addition, symptoms of progressive muscular atrophy and mixed aphasia. The history of the case was fully detailed at that meeting, and had been published in the Jan. No. of the Journal. Since then he had died, and the results of the *post-mortem* confirmed the opinion expressed at that time. Dr. Tuke had brought specimens prepared from the brain. It was impossible to go into the full details of the *post-mortem*. These would be recounted in the July number of the Journal. But with regard to the microscopic specimens, he (Dr. Tuke) was desirous of pointing out the peculiar condition of the vessels. In the sections on the table it would be observed that the vessels were surrounded by extensive tracts of a laminated deposit, and that in certain instances their calibre was modified; in others that complete occlusion had occurred. This was particularly noticeable in the immediate neighbourhood of softened tracts which existed in the left extra ventricular nucleus, and in the right occipital lobe. This lesion was more or less diffused over the vessels of the encephalon, but was best marked in the neighbourhood of degenerations. This obliterative thickening was most interesting, when viewed by the light of the observations of Oedmansson and Fränkel on the condition of the arteries of the villi of the syphilitic placenta. He (Dr. Tuke) hoped soon to lay the whole case before the Association, collating it with the observations of others.

Dr. IRELAND was sure that they all felt very much obliged to Dr. Robertson for bringing so very interesting a case before them, as it introduced a subject which, within the last year or two, was recognised to be of considerable importance. It was what the Germans called brain syphilis.

https://doi.org/10.1192/bjp.20.90.315 Published online by Cambridge University Press