

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held on Wednesday, March 9th, at Bethlem Hospital, the President, Mr. G. W. Mould, in the chair.

The following gentlemen were duly elected members of the Association, viz., Charles Knight Hitchcock, M.D., M.A. Cantab., of Kingsdown House; Patrick Edward Campbell, M.B., C.M. Edin., Senior Assistant County Asylum, Hatton, Warwick; Alfred Henry Newth, M.D., Haywards Heath.

Dr. Fox read "Notes of a Case of Acute Dementia" (see Clinical Cases).

In reply to Dr. Hack Tuke, Dr. Fox stated that there was no rigidity of the muscles and no voluntary resistance.

In reply to Dr. Major, Dr. Fox said that he felt hardly qualified to say whether, in acute dementia, there must be such an absence of all mind as to negative the idea of any delusion being present. Considering the utter apathy, the expression of the countenance, and loss of voluntary power, even delusion which was only expressed for one or two days would hardly justify the present case being classed as one of mania. There might have been a brief period of mania, which might not have been quite over when the patient was brought in, but her symptoms agreed in the greater number of respects with dementia than anything else.

Dr. HACK TUKE said that it was difficult to draw the line where delusions cease to act upon the mental condition. It was often difficult to ascertain how far the condition was due to acute dementia or to an overpowering delusion. This did not seem to him to be a case in which a sudden attack produced arrest of mental power so much as a case in which the basis was delusional mania, which might very rapidly pass into a condition of acute dementia. In many cases there were to be found both conditions. In some cases there would be a condition of suspension of the mental faculties—the patient would know but very little of what was going on; but in other cases, with a delusional basis, there would be a very considerable amount of remains of delusion, which would influence that condition. The expression of the face ought not to be taken too strongly as an indication of what was called acute dementia. He (Dr. H. Tuke) had a record of several cases in which the patient's expression would certainly indicate, in the first place, what is called acute dementia—the mouth half open, the features of the face relaxed, &c.; but the fact was that those patients recovered, and on recovering said that even during the period when it might have been thought from the patient's expression that it was a case of acute dementia the patient owned to having had some absorbing thought, some terrific delusion. It was very much to be regretted that in the particular case before them there had been no post-mortem examination. It would have been interesting to have known the condition of the brain. From the reports of M. Etoc it appeared that that physician had found more or less œdema in most cases.

The PRESIDENT said that he could call to mind a somewhat similar case happening in the third attack—that of a young lady at Cheadle in a state of acute maniacal excitement. She was first very weak and low—in fact, just what Dr. Fox described—and in the course of a few weeks became stronger, and then perfectly well. This came on again some two years after in an exaggerated form, and with similar treatment she again recovered. At her third attack she had the appearance described. She was extremely emaciated. He

had thought, many a time, could not one feel almost for those unfortunate people who are said to starve their relatives? It struck him during the Staunton trial that it was a case where any amount of nourishment given would have had no effect on the woman's general appearance. There would have been very little assimilation. The unfortunate men might have misunderstood the case altogether. Cases of the kind Dr. Fox had brought before them were very interesting as bearing upon even ordinary criminal charges. It seemed a monstrous thing that the woman should have been removed, dying as she did in twenty-four hours afterwards. She must have been in a very critical condition.

A MEMBER asked whether any definite opinion was formed as to prognosis?

Dr. Fox said that with reference to the President's remarks as to the removal, they all knew how difficult it was to resist the importunities of relatives on such occasions. Every precaution was taken; there was a very large carriage and a water bed. He quite allowed that they should have preferred to have kept the patient under their care. They resisted the request of the mother as long as they could, especially as it seemed to be grounded upon a foolish superstition, but when they saw that nothing they could do could save the patient's life, they did not see their way to keeping her. In regard to prognosis, on her admission her physical condition was such that they told her relatives that they were very anxious about the result. With the pulse at 120, extremely weak and compressible in its nature, with increased debility, as evidenced by skin eruptions, &c., they could not come to any but a very gloomy prognosis. The girl was dangerously ill physically when admitted, and she hardly made any positive improvement.

Dr. WINSLOW asked whether she passed rapidly into dementia or by degrees?

Dr. Fox said that he did not think that there ever was an acute maniacal condition, and from the action of the patient's malady they hardly ever inferred that such a condition existed. The mania, if it existed, must have been of a very sub-acute form. The lapse from that condition into one of absolute apathy was extended over about a week. She gradually became more and more fatuous and silly. It was not absolutely sudden, but the period was not very long.

Dr. WINSLOW said that at the time of the Staunton trial he took great interest in the matter of the assimilation of food by the insane, and wrote to over five hundred men for their opinions on the case with a view to obtain a repeal of the sentence. He had published a number of most interesting cases in reference to the non-assimilation of food by the insane. It was a very extraordinary fact that insane people might sometimes be fed with the stomach-pump three or four times a day and yet the food would not assimilate. In the case of the Stauntons, he thought it one of the greatest blots on the criminal law that those poor people should be in gaol.

The PRESIDENT remarked that it certainly did strike him at the time that he had had one very similar case to that of Mrs. Staunton—very little dementia but a very large amount of food. The patient was still existing, and she was only just then assimilating her food so as to gain weight. She remained so certainly three years. The digestion seemed to be perfect as regarded excrement, &c., but there was no increase in weight. He did not wish it to be understood that he impugned the justice of the decision in the Staunton case, but he did enquire into and contrast a case he had under his care at that time with the Staunton case, and since then he had noted similar cases, and he did think still that injustice might accrue unless those cases were very carefully considered.

Dr. CHAPMAN thought that the feeling and desire on the part of the friends was one to be respected, and not to be deprecated in any way. He then referred to Dr. Fox's statement that at one period of the case the amount of food was specified to have been $1\frac{1}{2}$ pint of milk, and the remainder was made up of

essence of beef and brandy. Those latter were in a certain sense stimulants, and not food. The only nourishing food was the pint and a half of milk a day—hardly sufficient.

Dr. Fox said that some of the results which might be claimed from that food were almost miraculous, and he ventured to protest very strongly against the opinion that had been put forward that beef tea and Brand's essence of beef were not nourishing. They had patients who lived upon nothing but milk and beef tea. The reason which actuated him in speaking particularly regretfully of the removal of patients to their homes was that in some cases in which the disease had been unsuccessfully combated, and when they did not know the physical conditions underlying that disease, it would be advantageous, for the sake of their own knowledge and in the interest of those patients who might have similar symptoms, that they should see the last of the patient, so that, if possible, they might ascertain by post-mortem examination what the real and logical explanation of the case was. That was one of the chief reasons for deprecating the removal of the patient.

The PRESIDENT remarked that he was certainly under a misapprehension upon this point. The patient died directly after removal, and he had gathered that she had died very much sooner than she otherwise would have done in consequence of the removal. It would certainly be a most excellent thing if all the patients could be removed home to die (hear, hear). A patient in a private asylum, however, very rarely died without the friends being near. In the asylum at which he presided they actually had a guest house in which the friends came and resided.

Dr. FOX said that such was also the rule in the asylum with which he was connected. It was a very rare occurrence for any patients to die without their friends having been with them for several days previously.

Dr. KESTVEN drew attention to a paper by Dr. Sansom, in the "Lancet," on defibrinated blood used as an injection. He himself had found great improvement to result from the injection of doses of the blood, and he thought it might be worth the attention of the members of the Association to enquire into this, and to use it in cases where ordinary beef tea, egg, wine, &c., fail. It could be easily obtained from any butcher.

Dr. HACK TUKE said that a series of cases successfully treated in that way was published two or three years ago by Dr. Seguin, in the "Archives of Medicine."

Mr. HAYES NEWINGTON said that the most prominent symptom of acute dementia was the water-logging of the body generally, and it was not assuming too much to think that the brain might be in the same condition. In those cases of acute dementia there was a loss of retaining power in the arteries, and there might be a throwing out of the serous matter in the brain tissue. In a paper, which he had published some years ago, he had suggested as a name for this condition *anerytic stupor*, and nothing would cause it sooner than the effusion of serous matter into the brain tissue. It was possible that delusion might be mixed up with acute dementia. Delusion might arise, and upon that might come the effusion. He still believed that the condition of acute dementia was dependent upon the serous exudation. It might be complete in cases of acute dementia, or less complete in cases similar to that brought forward by Dr. Fox.

Dr. HUGGARD read a paper on "The Means of Determining Causation in Insanity" (see Original Articles).

Dr. MAJOR remarked that many of the suggestions made were intricate, and required very considerable attention, much more than they had been able to give during the reading of the paper. He thought that they had arrived at a time when it had ceased to be necessary to combat the fact that they could not rely upon the statements in the certificates; in fact persons making use of those statements in the certificates would commit a fatal error, and make their

returns erroneous. As to the issuing of certain questions to relatives, that he agreed to to a very limited extent. All insane persons had not relatives who were sufficiently educated to give careful and intelligent notice to those points, and it was practically useless to give a large number of questions to relatives who were illiterate. With pauper patients it was necessary to get the relatives to call, and then to make personal enquiries of them. Where circulars were sent out the enquiries were limited to two or three of the principal points, such as hereditary tendency, temperament, &c., and if these points were settled some progress had been made towards the elucidation of the causes.

Dr. HACK TUXE said that such a paper required to be read quietly at home. He thought that the author was a little too desponding with regard to the value of the statistics. It would be valuable to know the proportion which insane persons bore to the sober and the non-sober population, but the fact that that information was not given, and we do not know how often the alleged cause failed, did not destroy the value of the statistics. A patient suffering from facial paralysis might say that he had come across a cold current of air that morning, and they might have little reason to doubt this was the cause. It would not invalidate the value of the record of such a case to say that there were hundreds of people who had come across currents of cold air and had not been attacked by facial paralysis. In comparing the amount of insanity among 100 drunkards and 100 sober people, the conditions in other respects must be similar, for instance the predisposition to mental disease. He should assent to Dr. Huggard's formula if qualified by the expression, "other things being equal." It might be quite possible for there to be less insanity among 100 non-sober than 100 sober people, simply because other more potent causes were in operation among the latter class. But for all that, drunkenness might have caused all the insanity attributed to it. In regard to the classification of causes they should be guided mainly by practical considerations. At the same time if they could get good information as to the number of causes, supplemented by enquiries from the patients' friends, a certain amount of valuable information would be obtained. The causes, however, should be combined. It was quite clear that if only one cause were taken, they could not get to the bottom of the causation of the attack. Dr. Micklethay having allowed him to look through the case books at St. Luke's Hospital, he had taken fifty cases and noted the different causes. In five cases, for instance, heredity was the only known cause. In three other cases they found heredity and domestic trouble, and so on, making in all sixteen cases in which there was heredity. (A tabular statement of cases at St. Luke's was here exhibited.) These cases, given on a small scale, were merely brought forward to illustrate the principle. For arriving at the complex causes of insanity, some mode of proceeding, similar to that which he had adopted at St. Luke's Hospital, would be necessary. The great object was to study each individual case, and if the medical assistants would get to the bottom of a certain number of cases, individually, more good would result than from obtaining the causes as given in the statement in a total number, however large.

Dr. WINSLOW said that in furnishing the statistical tables to the Commissioners in Lunacy, it did not follow, because certain causes were given in the statements, that those stated causes were to be adopted as the correct ones. Medical superintendents became acquainted with the patients and with the patients' friends. After careful investigation they could arrive at a proper idea of the supposed cause, and he thought they might assume that the data of the Commissioners in Lunacy were formed upon the data supplied from the medical superintendents of the asylums.

Dr. RAYNER said that all the medical superintendents would agree that the statements received from the workhouses were utterly untrustworthy. As to the suggestion that queries should be sent out for the friends of the patients to fill up, he thought that the result would not be very satisfactory. He himself

would be loth to decipher the answers, at all events from friends of pauper patients, and the information supplied would be very misleading. The most satisfactory plan would be to obtain an interview with the friends of the patients, and to endeavour to sift out the cause from them; but, even then, the most careful examination might not be successful in arriving at the truth.

Dr. CHAPMAN differed from Dr. Tuke, and upheld the view put forward in the paper. If in 1,000 persons exposed to draught one suffers from facial paralysis, the influence hardly appears; but if out of a million persons not exposed to draught, only one suffers, the influence is clearly established. He wished particularly to point out that the system of recording the causes of different forms of insanity, all mixed up together, was very misleading. It was just as though they had lumped together in the same table the causes of a broken leg and of a fever.

Dr. HUGGARD said that he quite understood that the tables of the Commissioners in Lunacy were based upon what the superintendents of the asylums reported to them, and that the superintendents' reports were based, to a very small extent, upon the statements in the certificates. It was, however, rather upon the interpretation of the facts that he had wished to dilate. The case mentioned by Dr. Tuke is hardly a parallel one. It is much less complicated, and the effect quickly follows the cause. It nearly approaches in simplicity the character required by the method of difference. In one other respect, too, the case differs from insanity. In insanity there are numerous ill-defined causes, several of which are apt to act in conjunction. Bell's paralysis, on the contrary, is due to a few well defined causes; one or other is always present, and the absence of the others can generally be shown. But to adopt the mode of reasoning employed in regard to insanity, causation, or at least connection, is proved, and proved only if the paralysis occurs more frequently in those who have been exposed to a draught of cold air, than in those who have not been so exposed. This is, he thought, incontrovertible if we assume as before that the causes are independent or without hostile or favourable influence upon each other. He thanked the members of the Association for the attention they had shown to his paper.

The PRESIDENT announced that the Annual Meeting of the Association would be held on Tuesday, the 2nd of August.

QUARTERLY MEETING AT GLASGOW.

A Quarterly Meeting of the Medico-Psychological Society was held in the Library of the Faculty of Physicians and Surgeons, Glasgow, on Wednesday, the 30th day of March, 1881.

Among those present were—Drs. McDowall (Chairman), Clark, Dodds, Dunlop, Ireland, Johnston, Macleod, Philip, Robertson, Rutherford, Turnbull, Yellowlees and Urquhart.

The minutes of last meeting were held as read.

Dr. R. B. Mitchell, of the Fife and Kinross District Asylum, was elected an ordinary member of the Association.

Dr. URQUHART showed a hand and wrist sent by Dr. Mackintosh, of Murthly illustrating a case of sympathetic insanity, due to disease of the joint, in which recovery followed amputation.

Dr. TURNBULL read a paper for Dr. Clouston, on "A Case of Melancholic Stupor (three years) and Recovery."

The CHAIRMAN—I suppose the remarks in the paper, as to the constant and interrupted current, conveys the experience of us all. At Morpeth electricity has been tried, especially the interrupted current, but was found to be of no use. The patients disliked the battery very much.

Dr. IRELAND—I have been very much disappointed with the use of elec-