

great point with the friends and relatives of a patient was—"Is the case going to get well, and how long will the illness last"? Such being the upshot, it was not only inexpedient, but wrong, to label an illness from which convalescence may occur with the sign of irrecoverability. It would certainly militate against the patient's welfare and against the rays of hope kindled in his favour by his relatives and friends. I can't help feeling very strongly that our own language is rich enough and full enough without coining a fresh nomenclature, as is so frequently the case among mental specialists in Germany and America. In Kraepelin's own country there was a cry on the part of not a few neurologists and psychiatrists for a subdivision of the large and heterogeneous group labelled "Dementia præcox," and that the disease should be re-labelled according to whether factors outside or inside the disease process were uppermost. Anyone reading his description of the sub-groups would appreciate the difficulty there was in mutually excluding common symptoms; one description ran into another without any scientific accuracy, and he thought the general sense of the meeting agreed to bury this term, and he hoped it was not likely that it would be resurrected. At the same time such a discussion as the present helped them in their work; for they recognised each other's methods of investigation and learnt to respect views which they themselves could not adopt. Much credit was due to the Secretary for suggesting the discussion, and although a great deal of latitude had been allowed to writers and speakers, it was satisfactory from his standpoint that the feeling of the meeting supported the findings of the Committee, of which he had the distinction of being a member.

Clinical Notes and Cases.

Foreign Bodies in the Stomach and Liver of a Dement.

By A. D. THOMPSON, M.B., Assistant Medical Officer,
North Riding Asylum, York.

IN the North Riding Asylum on May 11th, 1908, I was called to the Male Infirmary to see a patient, and found him dying. The only evident reason for his death was that he had reached the culminating point of a gradual progressive exhaustion, the cause of which I had been at a loss to expiscate.

The patient was demented; sometime a marine engineer, he had been admitted in 1895, as a case of delusional insanity; he had many delusions regarding a "power" he possessed of generating electricity in his body, and he had visual hallucinations also, *e.g.*, he said he saw spirits floating about, etc. As early as the beginning of 1898 he worked in the engineer's shop and he kept in his fixedly deluded, satisfactorily healthy, condition till the middle of 1903, when he was last noted as working in the smithy.

In August, 1904, he had an ischio-rectal abscess, which was opened, evacuated, washed out, and packed; it healed well.

In January, 1905, his bodily strength was first noted to be failing. In April, 1906, he was written down as "in good health and doing some ward work," but from May 8th to 18th of the same year he was in the infirmary, as his temperature had risen; after a purge he gradually regained his normal; no reason was assigned for the rise of temperature.

Next year (1907) he had a similar attack and was in the sick ward from the 4th to the 13th November; it was again noted that after a purge his temperature fell and he went back to his own ward in nine days.

On April 25th, 1908, I noticed he was looking rather ill, and had him sent to the sick ward. His temperature was 101.6° F., and on the next day 102.6° F. In view of the previous beneficial effects of a purge in his case, he was given an ounce of castor oil. His bowels moved and his temperature fell to normal limits—that was on April 27th—and remained practically normal thereafter till his death. On May 4th he was allowed up and on May 7th he was sent back to his usual ward, but next day (May 8th) I noticed him looking worse again and had him put to bed in the infirmary. His temperature was not abnormal, and physical examination revealed nothing that might account for his gradual enfeeblement. He died suddenly on May 11th.

The points of interest in the *post mortem* centred about the liver, the gastro-intestinal system and the kidneys; the rest of the description will be omitted.

The necropsy was performed twenty-one hours after death, up to which time about a couple of quarts of dark-brown liquid had oozed from his mouth; similar liquid was found in the stomach; the colour was due, for the most part, to altered blood.

Liver.—On the surface of the left lobe was noticed the protruding end of a piece of wire, which was extracted and found to be about two inches long; almost parallel to this piece, and to the left, was embedded another piece of wire one inch long; there was no adhesion of the liver to the abdominal wall in the region of the two foreign bodies; the hepatic substance was friable and fattily degenerated. The *stomach* was distended and through the wall there were felt three solid bodies—a large one almost six inches long, a smaller one just over three inches long, and a third one a little shorter than the last mentioned; the end of the third protruded through the stomach wall. On opening the stomach the largest body was found to be of wood, 5½ in. long and 131 grs. in weight; the other two of metal—the heavier 3½ in. long, 76 grs. in weight, of solid iron; the lighter, 3 in. in length, weighing 11 grs., of iron wire. Besides these bodies the stomach contained some dark-brown bloody fluid and about a pint of slightly “organised” blood-clot. The inferior margin of the organ was adherent to the transverse colon by a mass of fibrous tissue here and there streaked with black, and in this mass was found another piece of wire, 1½ in. long, weighing 6 grs., with bulbous extremity just projecting through the gastric mucosa. The wall of the stomach in the neighbourhood of the adhesion was greatly thickened, and the gastric mucous membrane generally was intensely congested. There was considerable thickening about the pylorus, but the orifice was patent; the adherent transverse colon had a practically undiminished calibre. The intestine throughout its length contained a black tarry semi-liquid mass—fæces and altered blood from the stomach. The mucous membrane of the gut presented no abnormality.

Kidneys were of a markedly green colour.

The patient's fæces were known to be dark coloured during his last

illness, but the cause was not then apparent ; the colour was probably due to two factors, *viz.*, altered blood passing down from the stomach and sulphide of iron formed from the gastric armoury.

That he did not complain of pain is not of course to be wondered at, as he was extremely demented, but the curious thing is that the contents of the stomach had not caused more acute symptoms, especially so in the case of the solid piece of iron sharply pointed at both ends and 76 grs. in weight. It seems likely that he swallowed the pieces of metal, at least, during the period he was employed at the smithy, where he ceased to work not later than the fall of the year 1903 ; at any rate, the fact that they were in parts deeply corroded points probably to their having been a long time in the stomach.

How the pieces of wire in the hepatic tissue and that in the gastrocolic adhesion reached these sites is matter for conjecture, but they certainly looked like the fragments of a pin with enlarged extremity.

I have to thank Dr. Eades, the medical superintendent of this asylum, for his courteous permission to give the foregoing account of a curious case.

Occasional Notes.

Boarding Out.

The discussion on the possibility of boarding out the insane in England has resulted in no definite action on the part of the Association. There appears to be a very general consensus of opinion that boarding out, although very desirable, is not to any extent practicable under the conditions that exist in the greater part of England.

The actual testing of this question will not apparently be undertaken by those concerned in the medical administration of asylums. Indeed, to ensure any success, the co-operation of the Lunacy Commission and that of the Poor Law Administrators is essential.

The former body is much too weak at present to add to its burdens so great an undertaking. The Poor Law authorities are, therefore, the only body who could move in the matter with any prospect of success. If they could be convinced that this procedure offered any possibility of economy something might be done. Unfortunately the capitation grant of 4*s.* per head per week for all insane persons in asylums stands in the way. Until this mischievous grant is re-distributed there is little