

that it was lead. He had been a clerk in lead works for nearly 20 years, but had never handled it up to three months before he broke down. There was a temporary deficiency in the staff, and he was put on as a tester, and part of his duty was to test the samples of white lead to see if it were fine enough. Another case was that of a woman under Dr. Moxon, of Guy's, who suffered from acute mania—hallucinations associated with sight and hearing. She had an affection of the vagina, and she had used very strong lead lotions on her own account, and she was poisoned in that way. There was another case about a fortnight ago in Guy's. A man who was admitted was supposed to be suffering from delirium tremens. He turned out to be a very sober man indeed, and it proved to be due to lead poisoning. In this type of disease there were three phases—acute mania, a mental condition associated with hallucinations, and another condition hardly to be separated from general paralysis. He was inclined to think that true general paralysis might be produced by chronic lead poisoning.

Dr. MCDOWALL said that if Dr. Savage would apply to Newcastle, where there were many lead works, he would probably gain much information upon the subject. He had heard of very bad cases of dementia caused by lead-poisoning, and they had found at Newcastle that if they adopted the treatment recommended in books, the patient would be poisoned outright. If iodide of potassium were given in very severe cases, the patient would pass into a state of coma and die quickly.

The CHAIRMAN—Did the Guy's Hospital patients recover upon the elimination of the lead poisoning?

Dr. SAVAGE—The first did.

Dr. RAYNER, in reply, said that as regarded the Chairman's observation, as to the unhopefulness of these cases, and his remark as to the similar case developed from alcohol, the explanation would probably be found in the prolonged action of the causes. The patients having probably been under the influence of the poison for many years, a form of insanity was produced which very closely resembled insanity resulting from equally protracted poisoning by alcohol. In the first class of case quoted, the encephalopathic, that was obviously due to very coarse lead poisoning. In the third class of case in which gout was produced, and then in conjunction it acted upon the nervous system, there could be no doubt about the action of the lead. There seemed to be a special proneness in gouty patients to be affected by lead-poisoning, Dr. Garrod pointed that out, and also that although lead-poisoning was very common in England, it was not common in Scotland or France, and it was ascribed to the fact that in England people used beer and fermented liquors, and that in France and Scotland they were not so extensively used.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held at the Royal College of Physicians, Edinburgh, on Friday, 11th November, 1879. Among those present were Drs. Jamieson, Johnston, Batty Tuke, Ireland, Yellowlees, Clouston, McDowall, Philip, McLaren, Inglis, Clark, Rutherford, &c.

On the motion of Dr. CLOUSTON, Dr. Jamieson was called to the chair.

Dr. IRELAND read a paper on "Left-handedness in Idiots."

The CHAIRMAN said that the subject was a curious and very interesting one, and Dr. Ireland had evidently devoted much attention to it. There was one point, however, on which he would have liked to have had a more definite expression of Dr. Ireland's views, viz., the final cause of right and left-handedness. He himself had not specially studied the subject, but he had the idea that the heart being on the left side might be an element in the tendency of man, considered as a fighting and working animal, to use the right side, thereby shielding the great centre of vitality. Woman, again, as a producing and nursing animal, carried her child on the left side, in the region of the heart; but these

are mere fanciful ideas. He had observed that left-handed people were sometimes very *dexterous*.

Dr. MCDOWALL said it was an interesting circumstance that in the Roman army there was a tribe of slingers who were very dexterous, and who all used the left arm. It was also well-known that soldiers were taught to advance with the left foot, but military men could give no very good reason for it.

Dr. IRELAND mentioned the opinion of a French anatomist that the left side of the brain was earlier developed, and in the new-born child was three grains heavier than the right, but it seemed to him that very young children used both hands indiscriminately, and that probably after all the use of the right hand was very much a matter of education and habit.

NOTES OF A VISIT TO PROFESSOR CHARCOT'S WARDS.

Dr. YELLOWLEES said: When in Paris, in October last, I visited Professor Charcot's Wards in the Salpêtrière, and saw several cases of so-called Hystero-Epilepsy, which were most curious and interesting. My visit was fortunately made on a day when several of these patients chanced to be taking fits, and although I have prepared no paper on the subject, the members may be interested in a few notes made just after the visit. The first case which I saw exactly illustrated the three stages of the attack, as shown in the photographs, and in large, most accurate drawings on the walls of one of the rooms. The patient was a stout, round-faced girl about twenty years of age; she had attacks once a month or so, lasting often twenty-four hours, the seizures rapidly recurring all that time. When we entered the ward she had just come out a fit, but another very soon supervened. The attack began by epileptiform spasms, quivering of the limbs, and heaving of the abdomen, then there followed, in a few minutes, most violent movements of the body, in which she flung herself about wildly, and arched the body as in tetanus. The movements were restrained by various straps fastened to the canvas jacket she wore, and such restraint was most needful. These violent periods lasting two or three minutes were followed by an emotional period, or period of ecstasy, in which the countenance, movements, and words expressed pleasure, love, fear, hatred in turns, and most graphically. The words she used, and their mode of utterance, expressed exactly and vividly the emotion of the moment. Then she began to push away some invisible object, or brush off imaginary beasts from the bed. This attack, in this sequence, had not well passed away before another exactly like it supervened, and the same course was gone through. During the attack she heard and felt nothing; was insensible to pinching, and the ecstasy was not in the least disturbed—not even to the extent of winking—by a loud blow on a gong close behind her. The marvel was, that, at any period of the attack, it was at once and entirely suspended by strong pressure over the ovaries, and the patient said rationally and instantly, "Ah! vous me faites mal." While we were observing this case another girl in the same ward fell into a cataleptic state, the body and limbs remaining statue-like in any position in which they were placed. This condition was said always to precede the fits in her case. The nurses were told to place her in bed, and one, without being instructed, was pressing firmly over her ovaries. This seemed to be the recognized and habitual mode of arresting an attack, and to be adopted as a matter of course. The cataleptic state soon passed into an epileptiform attack; then came the extremely violent movements; and then, though less evident and prolonged than in the first case, the emotional condition. This attack seemed to me to have been induced by the state of the first patient, and the sudden noise of the gong, and, as in the other case, it was readily arrested at any point by pressure over the ovaries. After the attack there was, and there always is in this case, anæsthesia of the left side, and contraction of the left arm. This girl was seen again subsequently. The left

arm was, and is habitually, analgetic, except at the tip of the middle finger, corresponding with the tip which is covered by the metallic thimble on the other hand; while on the right side, which is habitually sensitive throughout, the part covered by the thimble was alone insensible to pricking. It was this thimble which taught Dr. Charcot the phenomena of transference. A magnet placed near this hand caused, in two or three minutes, a transference of the analgesia to the opposite hand, which became rigid and analgetic. The magnet placed at the right hand sent the sensibility again over to the other as before. The power of recognizing different colours was also transferred from side to side in a corresponding manner. A piece of iron, exactly like the magnet, or a piece of wood painted like it, produced no effect. They were indistinguishable by a patient from the magnet, hence, says Dr. Charcot, these phenomena cannot be the result of "expectant attention." A third case (aged about 22 years; menstruation irregular; fits recurring several times weekly) was found in another ward upstairs. The attacks were of exactly the same character, and the opisthotonos the most complete and violent I ever saw, the body sometimes resting only on the head and heels, and sometimes forming a like curve while lying on the side. As in the other cases the seizure was arrested at any moment by pressure over the ovaries. I did this with my own hands repeatedly, the effect being immediate and most remarkable, and the patient becoming at once conscious and reasonable. This patient had been using an apparatus expressly designed to exert and maintain pressure on the ovaries. A flat metal arch or bow, properly padded, passes beneath the body of the patient as laid in bed on her back. Another metal arch passes across the body in front, and to the latter a metal upright with a horse shoe-like padded extremity is attached, the pressure being adjusted and maintained by means of a screw. The patient herself arranged and adjusted the apparatus in our presence. She had worn it the greater part of the previous night, and had removed it that morning, she said, thinking the attack had passed away. When pressure was made by the apparatus, or by the hand, the patient continued free from the attack, and seemed perfectly well. One of the assistants in this ward had been herself similarly affected, and equally severely. This person, now twenty years of age, and apparently quite well, had been thus affected at the age of ten years, and therefore before menstruation, and what is deemed the active life of the ovary, had begun. Dr. Charcot said that he had repeatedly seen exactly similar cases both before and after the menstrual period of life. This woman continued very sensitive to mesmerism or braidism, and exhibited very strikingly the peculiarities of that condition. She was very quickly thrown into the sleep, merely by Dr. Charcot's fixing his eyes on her, and she went over again with equal readiness subsequently when I regarded her in the same way. At the moment of falling over there was invariably, as Dr. Charcot pointed out, a slight spasm of the glottis, and often a very slight moistening of the lips, suggesting the faintest possible approach to an epileptoid seizure. While asleep she was quite unconscious, and any muscle, when excited to action by rubbing, contracted readily and strongly, so that by this means any contortion, such as extreme flexion or extension of the arm could be produced; and by irritating the facial nerve at the front of the ear, the angle of the mouth was twitched and retracted. If awakened by blowing sharply in her face, or by a sharp, sudden push over the ovaries, she recovered consciousness at once, but the arm remained contorted, and she could not straighten it. When again put into the sleep the arm remained rigid until the eyelid of the corresponding side was raised, and the eyeball exposed to the light, when with another scarcely observable spasm of the glottis, such as occurred when she went over, the contracted muscles relaxed at once, and the arm regained its usual mobility. This result was, of course, also obtainable by excitation of the opposing muscles so as to cause them to act, and to undo the contortion or rigidity. But the mere opening of the eye, as above, seemed at

once to relax the rigid muscles; they no longer acted when rubbed, nor did the angle of the mouth respond to irritation of the facial nerve. Dr. Charcot does not know, nor profess to know, why the raising of the eyelid should have this singular effect. The fact is certain, whatever the explanation. Another girl showed subsequently precisely the same phenomena under artificial sleep, except the movements from irritation of the facial nerve. These attacks of hystero-epilepsy, or whatever they be called, Dr. Charcot has often seen in private practice, as well as in hospital patients. If taken at its commencement it is a curable disease, but the cure usually requires a year. The treatment is mainly moral, and consists in removal from home and friends, the care of an intelligent nurse, the very frequent use of baths (mainly, it would seem, for their moral effect, as they are given after each fit), and only such medical care as is needful for the general health. Bromide of potassium, which has generally some effect, more or less decided, on ordinary epilepsy is useless in such cases; so are other sedative and neurotic medicines. Dr. Charcot does not think sexual excess a frequent cause of these fits, nor would marriage be a proper remedy, though it might be advisable after recovery. Epilepsy in the parents he regards as the most frequent cause. The remarkable effect of pressure over the ovaries he learned from a patient who had found it out for herself, and who, while forcibly exerting it on her own person, said to him, "This cures me." Several other patients were then seen, illustrating analgesia, and one of them illustrating also the loss of muscular sense, so that when she closed her eyes, she swayed unsteadily, and would have fallen to the ground. This patient was completely analgetic in every part of the body. The singular fact about these patients was that they were not aware of this condition—analgesia—until it was discovered by their physician; and that they were, and still are, able to do all kinds of ordinary work. They knit, sew, and perform all kinds of domestic duty just like their neighbours; and even their physician did not discover this derangement of sensibility until he carefully looked for it. Altogether the facts, seen with my own eyes that morning, were such as I could scarcely have credited on the testimony of another. I merely tell you what I saw, without professing to understand, or attempting to explain it. I must not omit to add that I was received with the most courteous kindness by Dr. Charcot, my questions were answered with entire candour, and I was freely invited to examine the cases in any way I pleased.

Dr. TUKE said that he had visited Dr. Charcot's wards on several occasions, and felt quite convinced of the reality of the manifestations, and of the results obtained; he saw the fits stopped, and transference of sensibility effected, as described by Dr. Yellowlees. Although at first he felt sceptical, yet, after repeating his visit, he had no doubt of the reality of the phenomena.

Dr. CLOUSTON said that he had great distrust of the whole of Dr. Charcot's conclusions. He regarded the motor phenomena as the best examples yet described in medicine of suggested motor action in hysterical subjects with unstable brains, diminished voluntary inhibition, and a morbid craving for notoriety. He looked on the sensory symptoms, the hyperæsthesia, the anæsthesia and the transference of sensibility, as phenomena to be studied from the subjective side as regards the patient, like delusions and hallucinations. It was well known that diminished sensibility was very common amongst the insane.

Dr. YELLOWLEES thought there was far less diminution of sensibility amongst our demented patients than was generally supposed. Where the patient retained sufficient intelligence to describe his sensations, his common sensibility was generally unaffected.

Dr. McDOWALL said that he had been frequently astonished at the way in which insane persons retained common sensibility. In his opinion so long as they were rational enough to express their sensations, they felt as well as anyone.

Dr. IRELAND said that he had tried to discover whether sensibility was diminished in idiots. He had found cases where it was diminished, but they were quite exceptional.

Dr. YELLOWLEES said that he thought it was a striking circumstance that these patients had not previously been aware of their analgetic condition, and that they had been able to go about the ordinary business of life unconscious of any diminution of sensation.

The CHAIRMAN then called attention to the case of *Nowell versus Williams*, which had just been concluded in the Court of Common Pleas, and in doing so expressed his surprise that such a case should have become the subject of litigation.

Dr. CLOUSTON thought it worthy of remark that the question of the insanity of the patient was not the point on which the judge or counsel seemed to lay most stress. The witnesses were certainly questioned about the insanity of the patient, but the point that was desired to be elicited was whether he was dangerous to himself or others. The jury also stated, as a sort of rider to their verdict, that they considered it irregular to write the two medical certificates on the same sheet of paper. Lord Coleridge, too, considered it to be the duty of the certifying medical men to state *all* the facts indicating insanity that were known to them.

After a conversation on this subject, a vote of thanks was given to the CHAIRMAN, and to the College of Physicians for the use of their hall, and the proceedings terminated.

PRIVATE LUNATIC ASYLUMS.

A Meeting of members of the South London District of the Metropolitan Counties branch of the British Medical Association was held January 21st, at Bethlem Royal Hospital, Dr. Alfred Carpenter presiding.

Dr. BUCKNILL read a paper on private asylums. The operation, he remarked, of the laws under which such asylums existed had tended in the past, and still more and more tended, to sequester the insane from the care and treatment of the medical profession at large; to render more and more perplexing, dangerous, and difficult the treatment of any single case of lunacy; to herd lunatics together in special institutions, where they could be more easily visited and accounted for by the authorities; and to create a class of men whom those authorities could make responsible to themselves for the confinement and detention of the insane according to certain regulations, but whom they did not, and could not, make responsible for their proper medical treatment. There were 98 private asylums in England and Wales, and of these 49, being just one half, were licensed to medical men alone—the remaining half being licensed to laymen or women, or to medical men in partnership for this purpose with laymen or with women. He desired to put aside any word which might be construed to have a personal reference; but he asked the opinion of those whom he addressed on the broad ground of principle, whether it was right that diseased and helpless persons should be detained and confined in asylums for the profit of private individuals, the amount of that profit depending upon what those individuals chose to expend upon the comfort and enjoyment of their inmates, and its continuance upon the duration of the disease, or what they might choose to think its duration. Might he not fairly ask what could possibly justify the existence of these institutions for private imprisonment, owned and kept by private people—lay and medical, male and female? There was nothing like a parallel instance in which the liberty of Englishmen was submitted to such control. What good reasons could be given by medical men for sending patients to such asylums? They knew pretty well what the motives of relatives were for so doing—the safe guarding of the patient; secrecy, and perhaps the hope