College of Physicians in which he explained how frequently skin diseases are developed from nervous disorders, and a reference to these lectures would throw considerable light upon the reason why all this takes place. The lesson to be learnt was that, in asylum life, they had masses of patients to deal with, who had not the individual interests which they themselves had. Now, however, they succeeded in getting a temporary suspension of the mental aberration, full advantage should be taken of it. Let there be brought before the patient some old amusement or game to which he had been accustomed in youth, some old friend with whom he had been associated in his more healthy moments. His memory should thus be brought back to those times when he knew better days.

Dr. HACK TUKE said that Dr. Macleod would, he was sure, be gratified when he heard how much interest his cases had occasioned, and he had no doubt that he might convey to him the thanks of the meeting (applause). With regard to the remark of Dr. Savage as to the French hospitals, he (Dr. Tuke) had seen a great number of cases of general paralysis in the asylums in Paris and other parts of France, but he could not say that what he saw, left any particularly favourable impression upon his own mind as to the ultimate effects of treatment by counter irritation – in fact, he was not aware of any cases presenting more favourable results than some under Dr. Macleod's care at the Yarmouth Hospital. He had notes of some of these, and they were very remarkable in their relation to their apparent recovery. Some of Dr. Macleod's cases left as recovered, and remained apparently well for years, and continuing to draw their pension. Dr. Macleod made careful inquiries from year to year,—for four or five years, certainly—and found that the cases remained apparently well. He (Dr. Tuke) did not know of any cases in his own experience which had done so well as those to which he now referred. In regard to one of the cases described this evening, it would be observed that it appeared to commence—taking the epileptiform attack as an early symptom of the disorder—at least five years before admission. The case was, at all events, under actual observation for two years, and the erysipelas occurred a year ago. A considerable number of cases had been known in which erysipelas had caused an attack of insanity, and, therefore, it was very interesting to hear of some in which erysipelas had cured or alleviated it. As to the occurrence of a trance-like condition in the other case—was it a state of true trance, or one arising out of an hallucination? If the latter, part of its interest arose from the fact that, as some French alienists have pointed out, there is a comparative rarity of vivid hallucinations in general paralysis.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—QUARTERLY MEETING IN GLASGOW.

A meeting of the members of the Medico-Psychological Association was held in the hall of the Faculty of Physicians and Surgeons, St. Vincent Street, Glasgow, on Wednesday, 26th March, 1879.

Professor Gairdner was called to the chair.

Professor GAIRDNER—I think it might be of considerable interest to the gentlemen here to see one of three cases which I recorded in the Journal for 1876. They were recorded under the title of "Two Cases having certain points of resemblance to General Paralysis of the Insane, but without insanity; and occasional memoranda of a third." In regard to the two cases, the men are still living. The first, S.D., is, I believe, physically a good deal weaker, but I do not know much about his mental state. He was a watchmaker, about fifty years of age, and I find he is now down about Alexandria and cannot easily be got. The other called on me yesterday, was formerly a miner, and is 45 years

of age. His history is briefly this: He had headaches occasionally for 7 or 8 years, but nothing particularly cerebral until a single *quasi* epileptic seizure, in the midst of otherwise good health, five years ago. I questioned him as to this seizure. and there is considerable doubt as to the nature of the attack, but, at all events, it would appear to have been isolated. He had a more decided epileptiform fit five months ago, succeeded by very gradually progressive lesion to mobility, manifested chiefly in the gait and articulation. There was no distinct paralysis, and no further epileptiform or other spasm, and no anæsthesia or abnormal sensibility. There had been sexual excess in married life, but no syphilis and no impotence. His habits were temperate as regards alcoholic drinks. I had only a brief conversation with him yesterday, and in the course of it I put a question as to his sexual habits. He is not a bit impotent, even now. He has got to be somewhat less addicted that way than what I noted at the time in the Journal. I think you will see that he looks physically stronger, and he has performed some things within the last two months that you would hardly have expected a man to have done in a progressive state such as this. His articulation is just the same.

The patient was then shown to the members.

Dr. CLOUSTON then showed two microscopic specimens of fatty embolism in the lungs in an epileptic who had died comatose after a succession of fits. (See Clinical Notes and Cases, p. 219.)

Dr. CLARK then showed microscopic specimens from the detached occipital lobe of the brain of a Hydrocephalic Imbecile, where a new "association system" of nerve fibres could be seen—an "intra gyral" connecting together groups of nerve cells by fasiculi of white fibres that ran in loops. (This paper will appear in our next number.)

Professor GAIRDNER and Dr. CLOUSTON made some remarks on the physiological importance and interest of this discovery as supplementing and completing Meynert's "Association System" of brain fibres.

Dr. J. CARLYLE JOHNSTONE proceeded to read his paper on "A Case of Aphasia," giving a most careful clinical and pathological account of a case with Aphasia where there had been no marked lesion in Broca's convolution, but where, on microscopic examination, the cells were found degenerated in sections of this and the neighbouring convolutions.*

The CHAIRMAN said he was very glad to have had an opportunity of furnishing a new member to the Medico-Psychological Association, who had thus distinguished himself by this paper. There is another case which I brought here, but I will leave him to be produced should Dr. Johnstone's paper bring any point up in regard to his case. It is simply a very striking case of pure amnesic aphasia. One special characteristic of it is, that while he is perfectly conscious of the value of numbers when shown to him, if you name a number you will find he is exceedingly hazy about it. He was so bad that he could not give his own name, and at times failed to distinguish it when named to him. He had since improved very considerably. As he mentioned previously, the patient had no difficulty in distinguishing the value of numbers. He knows perfectly well the relation of a sovereign to a shilling, but when he (the Chairman) first knew him, if a number was named to him, he was very hazy about it, and in nine cases out of ten actually broke down.

The patient was shown to the members of the association and carefully examined, when the curious fact was discovered that the patient was quite amnesic and aphasic in regard to written number symbols, but was not at all amnesic, though quite aphasic in regard to figure symbols of the same numbers. For instance, he could not tell what "*three*" meant, but at once held up three of his fingers, when "3" was written down; and this was the case with all numbers.

Dr. CLOUSTON agreed with the Chairman, that Dr. Johnstone's paper was one

* See "Edinburgh Medical Journal," May, 1879.

of great merit. He thought it a model paper, and hoped it would be an example to the younger members. He always liked to see a man go carefully into a case. The most interesting part of this case seemed to be the negative results brought out by Dr. Johnstone—that they might have aphasia, resulting from a slight atrophy and degeneration of brain substance without any gross lesion whatever. In regard to the education of the right side of the brain, I think we want evidence to show that it can be educated at all in the faculty of speech. In the cases where there is said to have been an education of the right side of the brain to speak, I think that, in reality, it was an improving—a healing of the tissue that was originally broken down by apoplexy. I am not aware that there is any record of any aphasic case having been taught to speak with continued disease on the left side of the brain. I think that the theory of the educability of the right side, which was very much in vogue, and which Dr. Wilks so strongly advocated, will have to be given up in face of the clinical facts that are now accumulating to a greater extent than formerly.

Dr. ROBERTSON—I have been very much interested in Dr. Johnstone's paper, and I consider that it is very creditable to him. At the same time, with regard to the case itself, in its clinical aspects, it does not seem to have been a thoroughly typical case of aphasia. There was not apparently a complete loss, either of pantomimic or of labial speech. There was considerable impediment of speech, no doubt. I make that remark principally in regard to the *post-mortem* appearances, because the degeneration was most marked in the region of Broca. Although not complete, it was most marked there, and I think where we have a partially aphasic condition, we cannot expect a complete destruction of that lobe, but only a certain amount of degeneration in it. I did not ask my friend, Dr. Foules, to bring a specimen here which is rather an important contribution on the subject of aphasia. It was shown to the Pathological Society about two months ago in Glasgow, and there was found a complete lesion of Broca's convolution. A small portion of it was not lost. But I would say that the whole of the third posterior part of the left frontal convolution was gone. In that case, according to Dr. Foules, there was not the slightest aphasia. It was traced out most thoroughly, and a record of it appeared in the "British Medical Journal" about a fortnight ago. I think it is almost the only case that has been recorded, where a person was right-handed at the same time, when we have a lesion of that kind to that extent, and yet the person was not aphasic. There is now an immense amount of evidence before us in favour of the left side of the brain having a special reference to speech. So much evidence has been accumulated during the last dozen years, that the fact cannot be questioned, that the left side of the brain is particularly associated with the speech function. I may say that my own observations entirely corroborate that view. I have not summed up the results of my observations, but they are quite in accordance with the general view that the left side has to do particularly with speech. I have seen a well marked case of aphasia with hemiplegia upon the left side. How are we to account for this? Certainly we must connect it with the right-handedness, which is the special characteristic of the race. We must so connect it, for the left hemisphere has the principal functions, and in relation to that it is worthy of recollection that the blood supply coming from the carotid artery is held to be greater to the left side. Then, again, we have had the statement made that the left side is earlier developed, or at least takes the lead in development. That, also, is a very important matter. However, we do find occasionally that there is aphasia in left-handed people. There have been two or three cases where there has been lesion on the right side, showing that in the education we have one of the speech centres educated and not both. So that the position seems to be this, that although we have corresponding parts on both sides of the brain, in the process of education only one speech centre is educated and not both. Dr. Clouston made an obser-

vation as to the other centre being slow to educate. My own observation is rather corroborative, of that. About twelve years ago I had a case of some twenty years standing, and although an attempt had been made to educate that woman—and she was fairly intelligent—it had utterly failed. At the *post-mortem* we found that the left side of that region was entirely destroyed—the Broca convolution and round about it—while on the right side there was no defect observed at all, showing that if educated at all, it is certainly very slow to learn. With regard to Professor Gairdner's case, I brought forward a view a number of years ago, that in certain cases the lesion seemed to be more in the medullary fibres than in the surface of the brain. You might consider that in this case the medullary fibres which proceed from the organs of articulation were more affected than those leading on to the hand. You would observe that in the case shown us he could not pronounce or tell his age in words, but he could write down his age, so that we have in that view I have given an explanation of the case, namely, that we have the fibres connected with the surface of the brain, which pass on the centres connected with articulation, broken across to a greater extent than those which pass on to the centres which passed through the hand, hence you would have the power of writing retained to a greater extent than the power of speaking.

The CHAIRMAN—Perhaps you did not notice that he wrote with his left hand, not with his right?

Dr. ROBERTSON—Yes, but in most cases the patient cannot write at all.

Dr. JOHNSTONE said that Dr. Robertson had evidently, to some extent, mistaken his description of the case. Pantomime was completely lost. Possibly his description did not bring that clearly out, but pantomime was completely lost. He never saw it in the case at all.

Dr. ROBERTSON—How did she express her emotions?

Dr. JOHNSTONE—By laughing and crying—by movements of the face. She had these intuitions, which are the very last to leave, and are quite different from pantomime. The difference between the two sides of the brain was merely microscopical. On being so examined, it was seen that on one side there was degeneration to a greater extent.

Dr. CLOUSTON—Was the dementia extreme?

Dr. JOHNSTONE—The dementia was extreme, but quite distinct from the aphasia.

Dr. CLOUSTON—And the mental functions of the brain were accordingly gone?

Dr. JOHNSTONE—Yes, all the cerebral functions were involved, but the speech affection was something distinct.

Dr. CLOUSTON—I had Dr. Johnstone's case once under my care, and I remember quite distinctly thinking that I saw an exact analogy between her symptoms and those of another patient of ours in Morningside, in whose case we found after death an infinite multitude of small miliary aneurisms. We considered that we should find the exact same pathological appearances in Dr. Johnstone's case, which shows how very far we are from being able to come to a correct pathological diagnosis in many cases.

Dr. HOWDEN—The microscopical appearances observed are quite those we might have in cases of atrophy of the brain. Probably, we will move sharply after such cases in future. I think, now that I have heard this case described, I can recollect cases very like it, in which there was an aphasia which did not attract so much attention as the mental condition. Of course, the occurrence of extreme dementia makes it difficult to separate the two conditions sometimes. In Dr. Gairdner's case the man appears perfectly sane, and in another case I know, there is no insanity that I can detect, unless hotness of temper and want of the power of speech be insanity.

Dr. IRELAND then read a paper on "A Hereditary Neurosis." (*See* Original Articles, p. 184).

Dr. BOWER then read a paper on "The Injurious Effects of Coffee in Causing Dyspepsia Among the Patients in Asylums."

Dr. IRELAND said there was not much time for discussion, but he thought the subject was one they might very well consider. It was difficult to treat it in a scientific manner. It was a thing in which the common sense of the physician should be exercised to seize upon such articles of diet as are not injurious to health. He had attended to this subject himself, but had not arrived at the same conclusions as Dr. Bower. Dr. Bower seemed to have a kind of antipathy to coffee. In his case there was an antipathy to tea. Coffee, he imagined, raised the pulse a beat or two, but he never heard that, taken in small quantities, it caused dyspepsia. If taken in large quantities, it might, and probably would, do so. He certainly would be surprised if it were made out that coffee, in moderate use, had any pernicious effects. At the same time he was not prepared to deny it. As a physician, he had never observed any of these effects in any marked degree, except in the case of patients who took a great deal of coffee. He had, however, seen a great deal of mischief arise from the taking of tea. As medical men, he was sure they had all had to attend women who, living alone, or in company with other women, and of sedentary habits, subsisted almost entirely on tea and white bread. He had seen indigestion, as well as many nervous symptoms, arising from indulgence in tea.

Dr. BOWER said he spoke of the immediate effect of coffee as an article of diet when a person was slightly dyspeptic.

Dr. YELLOWLEES greatly preferred tea to coffee, agreeing very largely with the paper which had been read. The question, however, was pretty well illustrated by the old proverb, "what is one man's meat is another man's poison."

Dr. CLOUSTON held that coffee was one of the most charming and delicious beverages, which, he considered, had been hardly dealt with, if not grossly libelled, in the paper! He was constantly in the habit of ordering a cup of very strong coffee, before they got up, to his melancholic patients, and often with the greatest possible benefit. He thought that it was the universal experience in asylums that when coffee was given in the morning to patients, it was received with very great favour, and he thought also with very great benefit.

MORISON LECTURES ON INSANITY.

Professor GAIRDNER is the Morison Lecturer on Insanity to the College of Physicians, Edinburgh, for this year, and has just completed a course of six lectures on the following subjects:—

"What is Insanity? Elementary ideas as to Sane and Insane—Difficulties of definition—The Physician's view of Insanity is based upon the analogies of Bodily Disease and Function—Practical consequences of this view."

"How far a purely Somatic Pathology of Insanity is in accordance with the results of observation, and with sound theory—Sketch of the Physiology, as bearing on the Pathology, of the Nervous System—Excito-Motor, Automatic, and Instinctive phenomena—Hereditary Instincts and Habits—Hereditary Genius—Hereditary Crime—Relation of these facts to the Philosophy of Mental Disease."

"The final *Crux*—Modern Materialism in relation to Insanity—The Insoluble Problem of Spirit and Matter—Free-will and Necessity—Conscience and Controlled Action governs the whole question, and limits the application of the Somatic Pathology—Illustrations."

"Illustrations in detail—Drink-Madness—Other Narcotic Poisons—Mania of