

## PART IV.—PSYCHOLOGICAL NEWS.

## THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE Third Quarterly Meeting of the Medico-Psychological Association was held, by the kind permission of the President and Fellows of the Medico-Chirurgical Society, at their room in Berners Street, on Thursday, April 29th; Dr. Sankey, M.D. Lond., F.R.C.P., President, in the chair.

The minutes of the last meeting were read. The Honorary Secretary explained that the resolution to send a letter of condolence to the widow of a distinguished honorary member not being within the power of a quarterly meeting, its transmission had been deferred to the annual meeting. The minutes were then confirmed.

Dr. SANKEY drew the attention of the Association to several microscopical preparations, prepared by himself, illustrating the morbid appearances in cases of general paresis.

Mr. KESTEVEN exhibited several microscopic preparations of disease of the brain and spinal cord, including a *Medulla Oblongata*, in which he had found a multitude of minute spots of "granular degeneration," and which he had described in the last number of the *British and Foreign Medico-Chirurgical Review*. At the same time, through the kindness of Dr. Barry Tuke, of the Fife and Kinross Lunatic Asylum, he had an opportunity of showing a comparison of this morbid specimen with similar changes observed in the brain of a person who had died of chronic mania, and which has been elaborately described by Dr. Tuke, Dr. Rutherford, and Dr. Skae, in the *Edinburgh Medical Journal*, Sept., 1868.

Dr. LOCKHART ROBERTSON read the following "Clinical Note" on THE HYPODERMIC INJECTION OF MORPHIA IN MENTAL DISEASE:—

In the first number of the *Practitioner*, July, 1868, Dr. Anstie has published a paper on "The Hypodermic Injection of Remedies," in which he truly says that despite the satisfactory working of the method and of the greatly increased power in handling remedies which it gives us, it is still very much unappreciated. Believing that this remark applies even to the employment of the hypodermic injection of morphia in the treatment of mental disease, I venture on this occasion to lay before the Medico-Psychological Association in the half hour we devote to Clinical Discussion, a brief outline of three successful cases illustrating the treatment by the hypodermic injection of morphia in recent mania, chronic mania, and melancholia respectively.

In October, 1861, Dr. W. C. Mackintosh published a paper in the *Journal of Mental Science* on "The Subcutaneous Injection of Morphia in Insanity," which first drew my attention to this method of treatment. In the Reports of the Somerset Asylum Dr. Boyd has also recorded his opinion of the value of this treatment in cases of maniacal excitement with sleeplessness, and in that form of destructive mania accompanied with dirty habits.\*

\* Extract from Nineteenth Annual Report of the Somerset Asylum:—"One female maniac, C. L., aged 35, single, most obscene in her conduct and language, noisy, destructive, and dirty, got rapidly well after the employment of the hypodermic injection of a solution containing half a grain of acetate of morphia."

Extract from Twentieth Annual Report of the Somerset Asylum:—"The hypodermic injection of about half a grain of acetate of morphia in mx. of distilled water has been useful in cases of maniacal excitement with sleeplessness"

The detail of the hypodermic method of treatment is carefully stated in Dr. Anstie's Paper, and to which I must refer those who desire further information regarding it. I use a solution of 6 gr. of the acetate of morphia to the drachm; Dr. Anstie's strength is 5 gr. I always commence with 6  $\text{m}$  of the solution ( $\frac{1}{2}$  gr) and in only one case out of many hundred hypodermic injections of morphia has any injurious effects followed the remedy thus used.

CASE I. *Recent Mania*.—J. H. W., No. 1,563, female, aged 20, single; domestic servant. Form of disease, acute asthenic mania.

*History*.—Never had any previous attack. No history of insanity in her family. Has been engaged for some years as a domestic servant. No reason can be given for her illness. It is stated that for the last three or four months she has been strange, and at times depressed, and that about three weeks ago she suddenly became maniacal, and had remained in a state of violent excitement ever since.

*Progress*.—On admission at Hayward's Heath, on the 22nd of March last, she was in a state of the most intense maniacal excitement, and very incoherent. Physically, she was suffering from marked typhoidal symptoms, her pulse was feeble and very rapid, her skin dry and harsh, her lips and teeth covered with sordes, her tongue coated with a thick creamy fur. She refused all food, and had had no sleep for several nights.

Although she could not be prevailed upon to take any solid food, she was coaxed at times during the first two days after her admission to take  $\frac{1}{2}$  gr. of morphia in a little brandy, but she was almost invariably sick after it; moreover, the excitement continued, and she could obtain no sleep.

On the third day the hypodermic injection of  $\frac{1}{2}$  gr. of morphia was commenced, and continued every four hours except during the middle of the night. On the fifth day she was calm, although incoherent, and had slept during the whole of the previous night, took her food well, and had lost nearly all the typhoidal symptoms. Moreover, the irritability of the stomach was completely allayed.

She has since recovered without a bad symptom, and she is now convalescent.

This case showed in a very marked manner the advantage of the hypodermic injection of morphia over its administration by the mouth in cases, which so frequently occur, of acute mania with marked asthenia and irritability of the stomach, causing refusal of food.

CASE II. *Chronic Mania*.—W. H., No. 950, aged 68, single, groom. Form of disease, chronic mania, characterised by frequent recurrent attacks of maniacal excitement.

*History*.—Strong hereditary taint of insanity. Nearly all his brothers and sisters are more or less insane or eccentric. Much given to habits of intemperance, but, although often strange and eccentric, was never sufficiently insane to warrant his being placed in a lunatic asylum until he was 64 years of age, when he was attacked with acute mania and removed to Hayward's Heath.

*Progress*.—During the attack of mania under which he was suffering when admitted into the asylum he was treated with small doses (mx.) of tincture of digitalis every four hours. The symptoms lasted for nearly three months. He was then calm for many weeks. On the next outbreak of mania, equal parts of liq. opii were added to the digitalis, and with a beneficial effect, the attack not lasting so long.

He was thus treated for some two or three years. He generally suffered from three or four attacks in each year.

In April, 1868, he had an unusually severe attack of excitement, combined with much noise and destruction of clothing. The usual medicines having no effect, he was treated with the subcutaneous injection of morphia (gr.  $\frac{1}{2}$ ) three or four times in the twenty-four hours, and with marked benefit.

On the recurrence of the next attack subcutaneous injection was had recourse to at once, and the period of excitement was reduced to a little over a fortnight.

The next attack passed off in an equally satisfactory manner. In the January

of the present year an attack of recurrent mania being evidently imminent, the old treatment of digitalis and opium was tried for fully a fortnight, but without benefit. On February 8th  $\frac{1}{2}$  gr. of morphia was injected, and the injection continued every six hours, and on February 10th (to quote from the case book) he was decidedly improved, and free from excitement and noise.

Not only, therefore, is the duration of the attack of recurrent mania diminished in this case, but during the attack the excitement is much less intense under the hypodermic method of treatment.

CASE III. *Melancholia*.—M. T., No. 1,395, female, aged 57, married, domestic servant. Form of disease, acute recurrent melancholia.

*History*.—No hereditary taint of insanity. Has been insane and confined in asylums three or four times. She is temperate in her habits, and her attacks of insanity appear to have followed on most occasions the puerperal condition, but the present illness is stated to be due to family troubles.

*Progress*.—On admission she was suffering from the most acute type of melancholia, combined with insomnia, refusal of food, and a strong suicidal tendency. Moreover she was in a poor physical condition, having lost much in weight, and being thin and anemic.

In the first place she was treated with stimulants, sedatives, and a nourishing diet, but she remained from May 14th, the day of admission, until May 20th, without any improvement, and was becoming so reduced from want of sleep and constant worry, that her life was despaired of. On the 20th May, 1868 (to quote from the case book), "she passed a very restless night, and is much exhausted this morning: injected acetate of morphia gr. j, and she soon fell asleep; took her food well on awaking."

On the 23rd, "injected gr. j of morphia twice daily since the last entry, and with decided benefit, and she is much less excited. Sleeps well, and the suicidal tendency seems to have passed away."

On July 15th the entry is as follows:—"Has improved uninterruptedly ever since the last entry, and is now tolerably sane."

She was discharged recovered on 7th December, 1868, and has continued sane to this date, although in such a case another relapse is most probable.

An animated discussion followed.

Dr. CHRISTIE approved of the administration of opium in this form. He preferred its use in chronic cases. In the acute form of disease it seemed not so successful, at least, except in doses of hazardous strength.

Dr. TUKE said that he held in high estimation the hypodermic injection of morphia. He had no experience of any other drug. He believed that he was himself the first to try it in mania, as within a day or two of the publication of Mr. Charles Hunter's papers he had obtained permission for the effect of the injection of morphia to be tried at the Queen Charlotte's Hospital, in two cases of puerperal mania, and Mr. Hunter had obtained very satisfactory results in both patients. Dr. Tuke had found no benefit from its use in melancholia, and thought the frequent exhibition of small doses of morphia preferable. In cases where medicine was refused, the hypodermic injection was most useful.

Dr. SANKEY would ask if any member could explain the reason why the subcutaneous injection should be so much more powerful than when medicine was taken through the stomach. He inculcated the necessity for great caution in the use of the hypodermic injection. In one case under his own observation a patient died in two hours after the injection into the arm of a quarter of a grain of morphia.

Dr. SEATON, thought it probable that this result was rather the cumulative effect of former doses of opium, and asked what had been the previous treatment.

Dr. SANKEY in reply said that the treatment before had been carefully regulated. He thought fright had something to do with the fatal result, and that the operation itself was painful, and not to be undertaken without good reason.

Dr. CHRISTIE then read the following clinical case :—

J. N. E. was admitted in the North Riding Asylum on the 30th of October, 1868, suffering under an attack of chronic mania. He was 60 years of age and married, by trade a shoemaker, and of very intemperate habits, lymphatic temperament, and bodily health good. The duration of his disease had been eight years on admission. There was nothing unusual in the character of the symptoms, being very loquacious and the subject of various delusions; mostly of a cheerful character, and in fact he became quite the life and soul of the ward. There was not the slightest symptom of paralysis either in gait or speech, neither did he manifest any optimist delusions of any kind. He continued in the same state till Sunday, March 2nd, 1869, when he attended chapel; appeared as usual, but about 11.30 a.m. complained of sickness and the loss of use of the left side. Complete hemiplegia had resulted, his intellects were clear at this time, being able to describe exactly his feelings and state. The muscles of the tongue were slightly affected. He was placed in bed and gradual coma supervened till in about half an-hour it was complete. About 15 ounces of blood were taken from the veins of the arm, and a blister applied to the nape of the neck, 10 grains of calomel also being given. No change occurred, and he died in about eight hours.

The case is highly interesting, as revealing a remarkable disorganisation of the brain substance, without giving the slightest symptoms to have caused such a diagnosis during life.

On removing the calvaria it was found dense and heavy, the pœtis being filled up, losing its distinctive cellular character; the membranes were opaque and much thickened, the arachnoid containing a small amount of serum. The brain was flattened on the surface, and the sulci of the convolutions partly obliterated. On removing the brain a large amount of blood was found exuded at the base; but the exact origin from whence this came could not be detected. Slicing down the lobes it was found that the ventricles were completely filled with blood and clot, the walls of the lateral ones having given way, and the clot extending into the posterior lobes of the cerebrum. The right optic thalamus and corpus striatum were completely broken down and softened, easily washed away by the water trickling from a sponge. This also extended through the two conra and the superior surface of the pons varolii; in fact they were one mass of pulpy matter and completely broken up. The organ generally was soft. On examination by the microscope nothing but blood discs and nerve globules could be detected.

Dr. TUKE believed the case described by Dr. Christie to be one of meningeal apoplexy, and that the ruptured artery had escaped observation.

Dr. SANKEY thought the symptom arose from sudden arterial rupture, arising in chronic, pulpy softening of the fornix of the brain.

Dr. BOYD was inclined to believe that the cause of death was the rupture of an artery.

Dr. SANKEY proposed a vote of thanks to the readers of the above cases, and called upon Dr. Boyd, to read his paper, OBSERVATIONS ON THE CAUSES OF DEATH IN CHRONIC CASES OF INSANITY. [*Dr. Boyd's Paper is printed in Part I., Original Articles, p. 196.*]

Dr. LINDSAY said he had listened with much attention to Dr. Boyd's paper; having himself paid much attention to the same question. There were several difficulties in the consideration of Dr. Boyd's views which the nature of his paper, dealing with statistics, rendered it very difficult to speak upon without the figures themselves. He understood Dr. Boyd to state the average of deaths from Phthisis to be about one-third of the whole. My experience would lead me rather to think one-fourth the average number of deaths from phthisis among the insane. He believed about one-fifth was the former frequent average. This frequency of consumption was induced by the deterioration of blood from overcrowding in asylums; from general anæmia; from the habit of sleeping with the head covered, &c. He thought Dr. Boyd's figures rather understated the case.

Dr. MAUDSLEY agreed rather with Dr. Boyd; his own experience had led to the same result.

Dr. SANKEY was reminded of the distinction, pointed out in an admirable paper by Dr. Clouston. In many cases of insanity, tubercles were found in the lungs, not causing death. In other cases they were the cause of death. He would remind the Association that phthisis was less frequent before than after puberty; and as adults were more numerous among the insane this would account for some difference. He had no doubt that asylum life tended to the development of lung disease.

Dr. CHRISTIE drew attention to the difference between town and country asylums, and the great variations that situation and temperature must make in the returns.

Dr. BOYD, in reply, stated that his paper dealt with figures, and required careful comparison with other results. Dr. Lindsay had considered all cases of insanity, and their liability to phthisis, whereas he, Dr. Boyd, had spoken only of the mortality in chronic cases. For the reason indicated in his paper, the mortality was less among males than females. As to per centage of death, he thought one-fifth per cent. much too little, and that the deaths from consumption among the sane were in much higher proportion.

Dr. BOYD, in reply, said that the wide range of his paper would render a full answer to the various speakers almost impossible. He was still of opinion that one-third of the cases of death should be ascribed to phthisis, but would remark that in his paper, he spoke only of chronic cases, whereas Dr. Lindsay considered all cases, acute as well as chronic. Dr. Boyd thought the tendency to phthisis certainly less in males than in females, and in this he believed he was in accordance with Dr. Guy.

Dr. SANKEY proposed a vote of thanks to Dr. Boyd, and then called upon Mr. Kesteven to read his paper—REMARKS ON THE USE OF THE BROMIDES IN THE TREATMENT OF EPILIPSY AND OTHER NEUROSES. [*Mr. Kesteven's Paper is printed in Part I., Original Articles, p. 205.*]

The PRESIDENT said that he had listened with much interest to Mr. Kesteven's able paper, and he trusted that the members present would give the results of their experience in the use of the medicine in question. He was happy to see Dr. Ogle among the visitors of the evening, and he was sure that the members would wish to hear any remarks from him as to his experience of the value of the Bromides in medicine.

Dr. OGLE had had but small experience as to the value of the Bromides in cases of insanity, in the other neuroses he had frequently prescribed it, and with good results. He had found small doses useless; in the case of one lady, for whom he had ordered thirty grains three times a day, drowsiness was the only effect produced. For the relief of pain, he thought opium better; there seemed to be no danger attending the exhibition of the Bromides. In one case, large doses were taken daily for seven months. Their value in epilepsy was decidedly very great, especially in cases in which the epilepsy depended upon perverted action in the capillary circulation.

Dr. MAUDSLEY had had considerable experience at the West London Hospital, and the result was to convince him that the large doses now in fashion were unnecessary; he never gave more than from six to ten grains. In a recent case under his own observation, a gentleman for whom large doses of the Bromides had been ordered for the relief of epilepsy, was in a dangerous condition, as it seemed to Dr. Maudsley, through the frequent administration of large doses of the drug. In cases of mania it was of no service; in the forms of insanity depending upon special vice, it was undoubtedly serviceable.

Dr. CHRISTIE was convinced of the great value of the medicine. He thought that its action was very different in the two sexes; he had seen some marked instances of cure from its administration in large doses in cases of insanity.

Dr. SABBEN was desirous to record his experience of the great value of the Bromides, more especially in the treatment of epilepsy. He had never seen any dangerous symptom produced by their use; on the contrary, much benefit from their employment in large doses. He instanced two cases that had much im-

pressed him: the first case gave much trouble, the erotic propensities of the patient leading him to attempt at rape, and rendering him absolutely dangerous. Under the use of the Bromide of Potassium this passed away; the memory returned, self-control was restored, and the patient left the asylum perfectly restored to health. The next case was that of a young officer, in whom fits of epilepsy were frequent and severe; the administration of the drug in large doses completely restored him to health. In no case had Dr. Sabben seen any danger to life, from its use, and he believed it to be a most valuable and efficacious remedy.

Dr. TUKE very frequently prescribed Bromide of Potassium, and found it specially efficacious in puerperal and hysterical mania, or epileptic mania. Its great value seemed to depend upon its power to relieve congestion by its action upon the capillary circulation. Dr. Tuke, however, had found large doses—twenty or thirty grains—absolutely required; and in cases of sleeplessness would give twice as much. In a case with strong erotic symptoms he had attended with Dr. Gull, twenty grains repeated three times a day had been very successful. In the treatment, however, of hysterical mania and of epilepsy, he thought the Bromides, in proper doses, were the most useful. He had seen no danger attend their exhibitions, but the continuance of their use was apt to produce an eruption upon the skin, and particularly upon the face of the patient, a symptom which he did not remember to have seen noticed. Mr. Kesteven's paper had dealt with the subject in a very practical manner, and Dr. Tuke quite concurred with his views as to the value of the Bromides.

Dr. LINDSAY could not agree with Dr. Maudsley as to the dose of the Bromides. Ten grains in his hands were inefficacious, and from twenty to forty grains were required. He had found great benefit from the mixture of hyoscyamus with the drug.

Dr. MAUDSLEY explained that it was not improbable that in hospital practice, smaller doses were sufficient than were found to be necessary in asylums; he still thought that the dose of the Bromides had been uselessly increased,

Dr. SANKEY asked whether Dr. Lindsay had found the Bromides useful in chronic cases of epileptic mania.

Dr. LINDSAY had not tried their effect in chronic cases.

Mr. KESTEVEN said he felt obliged by the attention with which his paper had been received, and the general concurrence in his views expressed by the members. In answer to Dr. Maudsley, he had himself never seen any bad result follow the use of the Bromides, and in the one case instanced by Dr. Maudsley, there seemed to be no ground for ascribing the patient's death to its use. He had had but small opportunity of arriving at any opinion as to the effects of the Bromides upon the sexual feeling; he saw the good result, but it was a question in the case of ladies difficult to ask. With regard to Dr. Ogle's remarks, he would say that he had found the Bromides useful in congestion of the kidneys, and he believed uræmia to be a very frequent cause of epilepsy.

#### MR. LEY, OF LITTLEMORE.

MR. WILLIAM LEY,\* who had only lately retired from the office of Medical Superintendent of the Asylum for Oxfordshire and Berkshire, was born in 1806, and at the time of his death had not completed his sixty-third year.

He was the son of a clergyman in Devonshire, and received his early education at the Grammar School at Ottery St. Mary. He was apprenticed to Messrs. Lawrence and Warner, of Cirencester, practitioners of good reputation and experience; and completed his professional education at St. Bartholomew's Hospital, where he was a dresser under Mr. Earle. He was admitted a Member of the College of Surgeons in 1831, and a Licentiate of the Society of Apothecaries in 1835.

The first public appointment he held was that of Resident Medical Officer of

\* See also Obituary Notice. *Journal of Mental Science*, April, 1869.